

# UFT EDUCATIONAL COURSES FALL 2018

## THE NEEDS OF CHILDREN WITH AUTISM

### THE NEEDS OF CHILDREN WITH AUTISM WORKSHOP SCHEDULE

The New York State Education Department requires all teachers who are seeking initial or professional state certification in special education to take a three-hour workshop in the needs of children with autism. It covers definitions, etiology, prevalence, characteristics, evidence-based instructional methods/interventions, behavior management and positive behavioral supports, effective collaboration and resources and supports.

*This workshop is a one-day, three-hour session and meets the requirements for New York State certification. All workshops begin promptly at the scheduled starting time. **New York State mandates that you must be present at the start of the workshop in order to receive a certificate of completion.** No late admission will be permitted. Bring a picture ID and allow additional time to pass the security check.*

**The UFT offers this workshop to its members for a \$25 fee, payable in non-refundable check or money order; (made payable to UFT/Autism); non-members pay \$50 in non-refundable money order only. UFT members may register online at [www.uft.org/learnuft](http://www.uft.org/learnuft). For further details, call a UFT Course Program assistant at 212-475-3737. NO CONFIRMATIONS WILL BE SENT.** It is essential that you keep a record of your first choice. If you do not hear from us you are registered for your first choice.

| UFT Code | Location            | Address                               | Day/Time          | Date     |
|----------|---------------------|---------------------------------------|-------------------|----------|
| 119.1    | UFT Headquarters    | 52 Broadway, near Wall St., Manhattan | Sat. 9:00a-12:00p | 11/17/18 |
| 119.2    | UFT Headquarters    |                                       | Sat. 9:00a-12:00p | 1/12/19  |
| 119.3    | UFT Brooklyn Office | 335 Adams Street                      | Tues. 4:30p-7:30p | 10/16/18 |
| 119.4    | UFT Brooklyn Office |                                       | Tues. 4:30p-7:30p | 11/13/18 |
| 119.5    | UFT Brooklyn Office |                                       | Tues. 4:30p-7:30p | 12/4/18  |
| 119.6    | UFT Queens Office   | 97-77 Queens Blvd. Rego Park          | Wed. 4:30p-7:30p  | 10/24/18 |
| 119.7    | UFT Queens Office   |                                       | Wed. 4:30p-7:30p  | 12/5/18  |
| 119.8    | UFT Queens Office   |                                       | Wed. 4:30p-7:30p  | 1/16/19  |

### NEEDS OF CHILDREN WITH AUTISM

Mail to:  
**Needs of Children with Autism**  
**52 Broadway – 18th floor**  
**New York, NY 10004**  
**1-212-475-3737**

**WORKSHOP FEE:** Enclose a \$25 check or money order (non-members send \$50 money order only) made payable to UFT/Autism. No refunds will be made.

|   |                                     |                        |                       |
|---|-------------------------------------|------------------------|-----------------------|
| NAME _____                                |                                     | HOME ADDRESS _____     |                       |
| E-MAIL: _____                             |                                     | APT. # _____           |                       |
| DATE OF BIRTH (MM/DD/YYYY): _____         |                                     | CITY _____             | STATE _____ ZIP _____ |
| SS# _____                                 |                                     | HOME PHONE (   ) _____ |                       |
| <input type="checkbox"/> UFT MEMBER FILE# | <input type="checkbox"/> NON MEMBER | CELL PHONE (   ) _____ |                       |
| <b>First choice:</b>                      | UFT CODE _____                      | SITE _____             | DATE _____            |
| <b>Second choice:</b>                     | UFT CODE _____                      | SITE _____             | DATE _____            |
| <b>Third choice:</b>                      | UFT CODE _____                      | SITE _____             | DATE _____            |

**NO CONFIRMATION LETTERS ARE SENT.** It is essential that you keep a record of your first choice. If you do not hear from us, you are registered for your first choice.