

SPRING 2018

UFT EDUCATIONAL PROGRAMS

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. 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 |
|----------|---------------------|--|-------------------|------|
| 133.1 | UFT Brooklyn Office | 335 Adams Street | Wed. 4:30p-7:30p | 1/17 |
| 133.2 | | | Wed. 4:30p-7:30p | 3/21 |
| 133.3 | | | Wed. 4:30p-7:30p | 5/16 |
| 133.4 | UFT Headquarters | 52 Broadway, near Wall Street Manhattan | Sat. 9:00a-12:00p | 1/27 |
| 133.5 | | | Sat. 9:00a-12:00p | 3/24 |

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 () _____ |

| | | | |
|-----------------------|----------------|------------|------------|
| First choice: | UFT CODE _____ | SITE _____ | DATE _____ |
| Second choice: | UFT CODE _____ | SITE _____ | DATE _____ |
| Third choice: | 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.