

# UFT COURSES SUMMER 2019

## THE NEEDS OF CHILDREN WITH AUTISM

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 HEADQUARTERS

(52 Broadway, near Wall Street, Manhattan)

UFT CODE:	T94.5	DAY:	Sat.	DATE:	6/1	TIME:	9:00a-12:00p
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## MORE WORKSHOPS WILL BE SCHEDULED IN THE FALL

### REGISTRATION COUPON

## Needs of Children With Autism Workshops

#### WORKSHOP FEE:

##### MEMBERS:

Enclose a \$25 check or money order payable to UFT.

##### NON-MEMBERS:

Enclose \$50 money order only payable to UFT.

**NO REFUNDS WILL BE MADE.**

#### MAIL TO:

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

NAME \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DATE OF BIRTH (mm/dd/yyyy): \_\_\_\_\_

SS# \_\_\_\_\_

☐ UFT MEMBER FILE#

☐ NON MEMBER

HOME ADDRESS \_\_\_\_\_

APT. # \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_

CELL PHONE ( ) \_\_\_\_\_

#### FIRST CHOICE:

UFT CODE \_\_\_\_\_

DATE \_\_\_\_\_

#### SECOND CHOICE:

UFT CODE \_\_\_\_\_

DATE \_\_\_\_\_

#### THIRD CHOICE:

UFT CODE \_\_\_\_\_

DATE \_\_\_\_\_

#### NO CONFIRMATION LETTERS ARE SENT.

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