

Committed to **“Ending the Knowledge Gap”**, the Learning Disabilities Association of New York State (LDANYS) proudly invites you to experience the professional development opportunity to reduce the incidence of FASD in New York State. This educational initiative is made possible by a grant from the NY State Developmental Disabilities Planning Council and is open to ALL educational, medical and behavioral health service professionals; continuing education credits are available.

FETAL ALCOHOL SPECTRUM DISORDERS

Continuing education credits available.

PRESENTER: Diane Woodward, LMSW, Professional Trainer, Learning Disabilities Association of NY State, Inc., Coordinator of Transition Services, Wildwood Programs

May 17, 2010

NYSUT Regional Office, 513 Washington Street, Watertown, NY 13601

May 24, 2010

NYSUT Regional Office, 4983 Brittonfield Parkway, East Syracuse, NY 13057

June 28, 2010

* Tarrytown location TBA

September 23, 2010

* Rochester location TBA

September 27, 2010 & September 28, 2010

* Long Island location TBA

September 29, 2010

Mental Health Association of Nassau County, 16 Main St, Hempstead, NY 11550, 2nd Floor Training Room

September 30, 2010

New York State United Teachers (NYSUT), 1000 Woodbury Road – Suite 214, Woodbury, NY 11797, 1st Floor Conference Room

PRESENTED BY:

The Learning Disabilities Association of New York State© (LDANYS), Fetal Alcohol Spectrum Disorder Professional Development Training Program.

Continuing Education credits are available through your credentialing association. Forms will be available at the trainings to complete.

REGISTRATION: there is no registration fee for this program; **pre-registration is strongly recommended.** To register, complete coupon below & email sperryman@ldanys.org or fax to 518-608-8993.

Early registration is encouraged. Phone inquiries should be directed to Sherelle Perryman, LDANYS Program Coordinator at 518-608-8992.

(PLEASE PRINT) NAME _____
DEGREE/LICENSE _____ CEUs REQUESTED? _____
DAY TIME # _____ FOR MESSAGES REGARDING TRAINING
AGENCY NAME _____
AGENCY ADDRESS _____

OTHER MAILING ADDRESS (IF PREFERRED) _____

EMAIL _____

PLEASE INDICATE WHICH SESSION ATTENDING:

- FETAL ALCOHOL SPECTRUM DISORDERS 5/17/10 MORNING (AM ONLY)**
- BH10-05 FETAL ALCOHOL SPECTRUM DISORDERS 5/24/10 MORNING**
- BH10-05 FETAL ALCOHOL SPECTRUM DISORDERS 5/24/10 AFTERNOON**
 - FETAL ALCOHOL SPECTRUM DISORDERS 6/28/10 MORNING**
 - FETAL ALCOHOL SPECTRUM DISORDERS 6/28/10 AFTERNOON**
 - FETAL ALCOHOL SPECTRUM DISORDERS 9/23/10 MORNING**
 - FETAL ALCOHOL SPECTRUM DISORDERS 9/23/10 AFTERNOON**
 - FETAL ALCOHOL SPECTRUM DISORDERS 9/27/10 MORNING**
 - FETAL ALCOHOL SPECTRUM DISORDERS 9/27/10 AFTERNOON**
 - FETAL ALCOHOL SPECTRUM DISORDERS 9/28/10 MORNING**
 - FETAL ALCOHOL SPECTRUM DISORDERS 9/28/10 AFTERNOON**
 - FETAL ALCOHOL SPECTRUM DISORDERS 9/29/10 MORNING**
 - FETAL ALCOHOL SPECTRUM DISORDERS 9/29/10 AFTERNOON**
 - FETAL ALCOHOL SPECTRUM DISORDERS 9/30/10 MORNING**
 - FETAL ALCOHOL SPECTRUM DISORDERS 9/30/10 AFTERNOON**

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