

2009—2010
INCLUSION INSTITUTES
AT W. ALTON JONES

The Paul V. Sherlock Center on Disabilities at Rhode Island College is once again offering Inclusion Institutes at the Whispering Pines Conference Center on the W. Alton Jones Campus in West Greenwich, Rhode Island.

The 2009-2010 Institutes are scheduled for **October 16, 2009, November 20, 2009, March 12, 2010, April 9, 2010 and May 14, 2010.**

The purpose of these **Institutes** is to provide the opportunity for school personnel and parents to plan the details of inclusion for **one individual child** who has developmental disabilities. We believe that one of the major barriers to meaningful inclusion is the lack of dialogue about the purposes, curriculum, and procedural details that are part of effective implementation. More than 150 schools have sent teams to prior Inclusion Institutes to discuss and plan the details of inclusion for an individual child. The teams developed an inclusion plan using a process that not only works with individual children, but can be generalized to a larger school population.

The Sherlock Center covers the cost of the meeting space and meals, and provides:

- a set of realistic operating principles
- a step-by-step planning process
- a set of resources
- the experience of other parents and school personnel who have implemented meaningful inclusion programs (these persons serve both as resources and as group facilitators)
- the time to discuss and plan in a stress-free environment.

EACH STUDENT-FOCUSED TEAM MUST INCLUDE:

- one or both of the parents (or guardian) -----
- the regular education teacher -----
- the special education teacher -----

ADDITIONAL TEAM MEMBERS MAY INCLUDE (but are not limited to):

Principal · Special Education Director · Teacher Aide
Occupational Therapist · Speech/Language Pathologist · Physical Therapist

FEES

There is no cost to participate.

The Paul V. Sherlock Center on Disabilities believes that a stress-free, distraction-free environment is important for teams of parents and professionals to create workable inclusion plans; the Whispering Pines Conference Center at the W. Alton Jones Campus offers this kind of environment. However, to plan space and food needs, the Sherlock Center must commit to Alton Jones for a certain number of participants, and must pay for the committed number, regardless of cancellations. Therefore, **school districts will be billed \$40.00 per person for any team or individual who registers and then cancels within 31 days of their scheduled Inclusion Institute.**

TO REGISTER

To register for a 2009-2010 Inclusion Institute, send a completed registration form (enclosed) to Elaine Sollecito by fax to 401-456-8150, or mail to the Sherlock Center on Disabilities, RI College, 600 Mt. Pleasant Avenue, Providence RI 02908. If you have questions or need to request information or materials in an alternate format, call (401) 456-8072 (V) or (401) 456-8773 (TDD).

*The registration form is available on the Internet at www.sherlockcenter.org.
Click on the link for Inclusion Institutes.*

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Registration Form**

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Preferred Date (Choose One):

___ Nov. 20, 2009 ___ March 12, 2010 ___ April 9, 2010 ___ May 14, 2010

Name of School: _____ District: _____

School Address: _____

City: _____ State: _____ Zip: _____

School Phone: _____ School Fax: _____ Student's Current Grade: _____

Contact Person:

First Name: _____ Last Name: _____ Title: _____

Phone (if different than school phone): _____ E-mail: _____

TEAM MEMBERS

Each team **MUST** include the parent/s or guardian, the student's regular education teacher, and the student's special education teacher. Attendees are requested to participate in a **brief** follow up survey with the Sherlock Center. Both an email and mailing address are requested for that purpose.

TYPE OR PRINT CLEARLY.

PARENT/S /GUARDIAN:

First Name: _____ **Last Name:** _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Relationship to student: _____

First Name: _____ **Last Name:** _____

Mailing Address (if different than above): _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Relationship to student: _____

List additional team members on Page 2.

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Registration Form**

TYPE OR PRINT CLEARLY.

Name of School (from page 1): _____

REGULAR EDUCATION TEACHER:

First Name: _____ **Last Name:** _____

Email: _____ *(requested for follow up contact)*

Mailing Address: ___ Same as School Address

School / Organization: _____ *(skip if providing a personal address)*

Address: _____

City: _____ State: _____ Zip: _____

SPECIAL EDUCATION TEACHER:

First Name: _____ Last Name: _____

Email: _____ *(requested for follow up contact)*

Mailing Address: ___ Same as School Address

School / Organization: _____ *(skip if providing a personal address)*

Address: _____

City: _____ State: _____ Zip: _____

OTHER ATTENDEES:

First Name: _____ **Last Name:** _____ **Title:** _____

Email: _____ *(requested for follow up contact)*

Mailing Address: ___ Same as School Address

School / Organization: _____ *(skip if providing a personal address)*

Address: _____

City: _____ State: _____ Zip: _____

First Name: _____ **Last Name:** _____ **Title:** _____

Email: _____ *(requested for follow up contact)*

Mailing Address: ___ Same as School Address

School / Organization: _____ *(skip if providing a personal address)*

Address: _____

City: _____ State: _____ Zip: _____

First Name: _____ **Last Name:** _____ **Title:** _____

Email: _____ *(requested for follow up contact)*

Mailing Address: ___ Same as School Address

School / Organization: _____ *(skip if providing a personal address)*

Address: _____

City: _____ State: _____ Zip: _____

Copy page if additional personnel are attending.