

Announcing a workshop from



Infinitec

infinite potential through assistive technology

Please check the website www.myinfinitec.org before coming to trainings to make sure there have been no changes in location or for any weather concerns.

Finding, Manipulating and Simplifying Electronic Text

Facilitated by: **Dave Hohulin** — *Educator & Assistive Technology Specialist, UCP-Infinitec*

Tuesday, November 15, 2011

8:30AM REGISTRATION

9:00am – 3:00pm

JAMP Special Education Services

251 West 2nd Street

Grand Chain, IL 62941

618-634-9800

Reserved for Inf. Southern IL Coalition Agencies

Cahokia Area Jt. Agmt., Collinsville #10, Franklin-Jefferson Counties #801, Ford SPED Coop., East St. Louis #189, JAMP, Perando SPED, AERO, ECHO.

Who Should Attend: This session is designed for Educators, SLPs, OTs, AT Specialists, Administrators and Parents.

What Is It? This hands-on presentation will focus on finding sources of electronic text, how to access it, and how to manipulate it to meet the educational needs of your students. Discussions will be held about how accessible instructional materials meet the criteria for Universal Design for Learning. Participants will practice converting digital texts into other formats.

Outcomes

Participants will:

- Find sources of electronic text.
- Demonstrate how to access electronic text.
- Practice how to manipulate electronic text to meet the educational needs of students.

Please Fax Registration Form (before mailing) to: 708-444-4204 Atten: Debra -- By November 8th

How do I sign up? – PLEASE PRINT NEATLY
NO FEE for Int. **Southern IL** Coalition Members. **(\$10.00 LUNCH FEE)**. \$195 for non-member. Please send completed registration form and check payable to UCP at:

Debra Eubanks, UCP/Infinitec Training Dept

7550 West 183rd Street

Tinley Park, IL 60477

Phone: 708/444-8460,

Debra, Ext. 223 or Peggy Zegley, Ext. 247

This program qualifies for CPDUs through ISBE and CEs for SLPs, PTs, OTs and SW through IDFPR

11/15/2011 – **Inf. So. IL** – Hohulin

Name: _____ Title/Position: _____

Organization/School District: _____

Coalition Agency (if applicable): _____

Name of Work Site/Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____

Business Email: _____ Cell Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Home Email: _____

Age-level(s) served: _____ early childhood _____ elementary _____ secondary _____ adult _____ other

Accommodations/alternate formats needed (2 weeks notice requested, please): _____