

Workshop Registration

All of the following information is required. Only registrations with **ALL** the required information provided will be processed.

STAR NET Region II

(Birth to Kindergarten – Special Needs)

2626 S Clearbrook Drive, Arlington Heights, IL 60005-4826

Phone: 224-366-8579 Fax: 847-278-5434

PERSONAL INFORMATION

Circle Title: **Dr.** **Ms.** **Mrs.** **Mr.**

Last Name	First Name (Formal)	Middle Initial	Maiden Name (if applicable)	
Home Address		City	State	Zip Code
()		()	()	()
County	Home Telephone Number	Cell Phone Number		
Last 4 Digits of Social Security Number		Preferred Email Address		

EMPLOYMENT INFORMATION

School Name / District / Program Name		Position		
School / Work Address		City	State	Zip Code
()		()	()	()
County	Work Phone Number			

Preferred mailing address: **Home** -or- **Program/Work** (please circle)

Please check your position:		Please check your program affiliation:	
<input type="checkbox"/> Administrator	<input type="checkbox"/> Speech/Language Pathologist	<input type="checkbox"/> Child Care	<input type="checkbox"/> Birth – 3 Early Intervention
<input type="checkbox"/> Teacher	<input type="checkbox"/> Psychologist	<input type="checkbox"/> EC Special Education	<input type="checkbox"/> Even Start
<input type="checkbox"/> Teacher Assistant	<input type="checkbox"/> Family Educator	<input type="checkbox"/> Kindergarten – 3 rd Grade	<input type="checkbox"/> State Pre-K / Preschool For All
<input type="checkbox"/> Service Coordinator	<input type="checkbox"/> Social Work	<input type="checkbox"/> State Prevention Initiative	<input type="checkbox"/> Head Start
<input type="checkbox"/> Developmental Therapist	<input type="checkbox"/> Other _____	<input type="checkbox"/> Community Preschool	<input type="checkbox"/> Model Parental Training
<input type="checkbox"/> Occupational Therapist		<input type="checkbox"/> EC Special Education/Pre-Kindergarten	<input type="checkbox"/> Other _____
<input type="checkbox"/> Parent or Family Member: age of child: _____ My child has an: ___ IFSP ___ IEP			

Please select the workshop(s) you wish to attend:

X	Workshop Title	Date	ID Number
	And Then...Using Improvisation and Theater Games to Promote Teacher Responsiveness and Engagement	July 21	104230000
	Come to the Movies ~ Understanding and Treating Children with Selective Mutism	July 23	104230001
	Making Connections Through Guided Play	July 28	104230002
	Come to the Movies, Part II ~ Selective Mutism Within the School Setting	July 30	104230003
	Exploring! Investigating! Connecting with Nature! Math and Science and the Young Child	Aug 4	104230004
	Transitioning Children from Early Intervention to Early Childhood Special Education	Sep 21	104230005
	Two Dads Talking...A Dad's Perspective on Disability	Sep 22	104230006
	Central Auditory Processing Disorders in Young Children	Sep 24	104230007
	The Problem with Problem Behavior: Supporting Children with Autism and Other Disabilities	Sep 29	104230008
	What's In It For Me? Introducing IDEA 2004 to Parents and Teachers	Oct 15	104230009
	Stress and Anxiety Disorders in Young Children	Oct 23	104230010
	Finding and Using the Resources You Need	Oct 26	104230011
	From Screening to Referral: Using the Ages and Stages (ASQ-3): Social-Emotional with Young Children and Their Families	Nov 16	104230012
	Sensory Processing and Its Impact on Emotion and Behavior	Nov 19	104230013
	Glasses Don't Fix Everything/Learning to Live with a Visual Impairment	Dec 2	104230014
	The Impact of Hearing Loss on Language and Life/Understanding Amplification and Technology	Dec 3	104230015
	Using the Creative Curriculum Assessment System with Young Children with Special Needs	Dec 9	104230016

OFFICE USE ONLY

Program Code:

Mail Status: