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## Classroom Suite v.4 Foundations Workshop

### Wednesday, August 27, 2008 - Albertson, NY

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#### WHAT IS IT?

*Classroom Suite v.4* is a unique Response to Intervention tool that combines the power of direct instruction within a flexible tool environment to help students in grades Pre-K through 5 achieve mastery in reading, writing and math.

*Classroom Suite* provides students with explicit instruction, constructive practice and embedded assessments. *Classroom Suite* includes research-based activity templates that can be used out-of-the-box, or easily customized to meet targeted needs.

#### WHO SHOULD ATTEND?

This workshop is designed for educators, SLPs, OTs, AT specialists, paraprofessionals and parents who are new to (or have limited experience with) *Classroom Suite v.4*.

#### WORKSHOP PREREQUISITES

- Familiarity with opening, editing and saving files in a computer operating system.

#### GOAL

The goal of the Foundation Workshop for *Classroom Suite v.4* is to enable educators to understand how to use *Classroom Suite* to teach early concepts, reading, writing, and math to students struggling due to learning difficulties or access issues.

#### LEARNING OUTCOMES

- Given a template, the participants will be able to create a reading or math activity correlated to standards or district curriculum.
- Participants will be able to sequence activities to scaffold the process of learning in reading, writing, and math.
- Participants will be able to integrate Classroom Suite activities into their daily classroom environment.
- Participants will identify the learning strategies incorporated into Classroom Suite and understand how these strategies will help their students have a successful learning experience and achieve higher student outcomes.

#### LOGISTICS

Date: Wednesday, August 27, 2008  
Sign in: 8:00 am  
Time: 8:30 am - 3:30 pm

Place: Smeal Learning Center at Abilities!  
201 I. U. Willets Road  
Albertson, NY 11507  
Phone: 516-465-1400

#### WHAT IS THE COST?

Fee is \$195 per person.

#### HOW DO I REGISTER?

- Full payment by credit card, check, or copy of actual PO is required before your seat is definite
- Please complete the following registration and payment form and fax it to:  
Cambium Learning Technologies 781-276-0643  
If you are paying by check, please fax the form and check to 781-276-0643 then mail both to:  
Cambium Learning Technologies  
Regional Workshops  
1223 Wilshire Blvd, Box 159  
Santa Monica, CA 90403
- Workshop size is limited; please register early to avoid disappointment.

If you have any questions about the workshop or registration process, please contact Sara at 800-894-5374 x626 or [sara@kurzweiledu.com](mailto:sara@kurzweiledu.com)

#### WHAT DO I NEED TO BRING?

During the workshop you will create activities that you can take home with you. Bring a USB Flash Drive for saving files.

#### PARTICIPANTS RECEIVE

- Training Materials designed to support the learning process both during and after the workshop
- 6 Full hours of hands-on training
- Continental Breakfast and Lunch



**Classroom Suite v.4 Foundations Workshop**  
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**PLEASE PRINT** (Each attendee must have a complete registration form for confirmation purposes.)

Name:		Title/Position:	
School/Organization:		Grade Level Responsibility:	
School District:			
School/Business Address:			
City:	State:	Zip:	
Business Phone:	Business Fax:	Home Phone:	
Business Email (confirmation by email ONLY):			
Area of Specialization:			

**WORKSHOP FEE PER PERSON: \$195.00**

**METHOD OF PAYMENT** (Please provide the appropriate information applicable to your form of payment.)

Payment will not be processed until the day of the workshop.

**Please fax this form and Payment Information to: Cambium Learning Technologies - 781-276-0643**  
**If you are paying by check, please fax the form and check to 781-276-0643 then mail both to:**

Cambium Learning Technologies - Regional Workshops  
1223 Wilshire Blvd, Box 159  
Santa Monica, CA 90403

<b>Purchase Order:</b> <i>Please fax copy payable to Cambium Learning Technologies</i>	Purchase Order Number:		
	Attention:		
	Invoice Ship-to Address:		
	City:	State	Zip:

<b>Personal/Business Check:</b> <i>Payable to Cambium Learning Technologies</i>	Check Number:		
	Attention:		
	Receipt Ship-to Address:		
	City:	State	Zip:

<b>Credit Card:</b> <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <b>Please note:</b> Your card will be charged by "Sopris West"	Account Number: (16 Digits)		
	Expiration Date: /	Amount to be Charged: \$	
	Cardholder's Name: (as it appears on card)		
	Cardholder's Signature:		
	Cardholder's Address:		
	City:	State	Zip:

**CANCELLATION/REFUNDS POLICY**

Any registrant who does not attend or cancel by **2 weeks prior to the workshop**, will be assessed the *full fee of \$195*.