



IntelliTools Classroom Suite 4 Foundations Workshop
Friday, October 24, 2008 - Vancouver, WA

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: Friday, October 24, 2008
Sign in: 8:00 am
Time: 8:30 am - 3:30 pm

Place: Washington State School for the Blind
Irwin Building
2214 E. 13th St
Vancouver, WA 98861
Phone: 360-696-6321

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@kurzweilededu.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



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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

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

Credit Card: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA Please note: 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*.