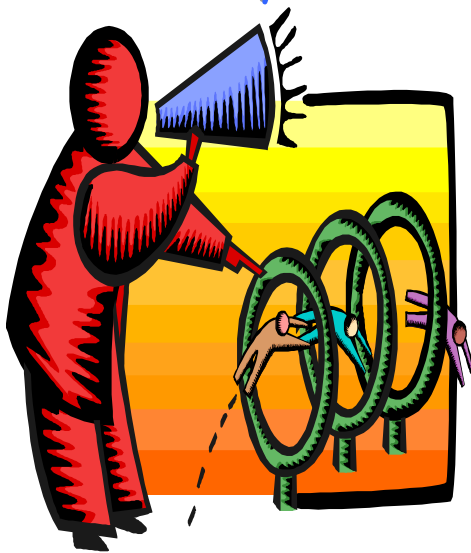


Family Workshop

Communication Strategies for
Children with Multiple Disabilities
and/or Dual Sensory Impairments

Presented by:

Dr. Charity Rowland and Mr. Philip Schweigert



July 26, 2003

9:00 a.m.-1:00 p.m.

Location:

University of Nebraska Campus-Lincoln

Co-Sponsored By:

Nebraska Deaf-Blind Project; Nebraska Department of Education;
University of Nebraska-Lincoln

(OVER)

This _ day training will be for parents and family members. It is designed to introduce parents to strategies to help their children develop communication. These strategies will include pre-symbolic communication (use of gestures, vocalizations, etc.) and tangible symbol systems. These skills will allow them to communicate their needs to their caregivers and to successfully act on their needs and desires in whatever environments they find themselves in: at school, home or in the community. These strategies are appropriate for nonverbal children who have complex needs or multiple disabilities, including severe cognitive limitations, deafblindness, and autism spectrum disorders.

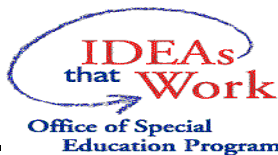
Location: University of Nebraska-Lincoln, Barkley Center

Cost: Free

Deadline for Registration: May 15, 2003

For more information please contact:

Teresa Coonts, Coordinator
Nebraska Deaf-Blind Project
PH: 402-595-1810
Email: tcoonts@esu3.org



This Project is supported by the U.S. Department of Education, Office Special Education Programs (OSEP). Views expressed are those and necessarily represent the position of the U.S. Department of Education.

Registration Form



Return To: Teresa Coonts,
Coordinator

FAMILY WORKSHOP
(due by: May 15, 2003)

6949 South 110th St.
Omaha, NE 68128
PH: 402-595-1810; Fax: 402-597-4811

July 26, 2003 (9:00 A.M. TO 1:00 P.M.)

I would like to register for the COMMUNICATION STRATEGIES FAMILY WORKSHOP
(no cost for registration, but space is limited to 60 participants).

Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Phone: (_____) _____ Daytime (_____) _____ Evening

I would like free Respite Care provided to my child during this _ day conference onsite at
Barkley Center _____ YES _____ NO

If Yes, Please Provide the Name and Age of your child needing the Respite Services:

Name of Child _____ Age of Child _____
