



**FALL2014  
INCLUSION INSTITUTE  
AT W. ALTON JONES**

**The Paul V. Sherlock Center on Disabilities at Rhode Island College is in the process of restructuring the Inclusion Institutes. However, in an effort to respond to repeated requests for this training, the Sherlock Center is offering one fall session at the Whispering Pines Conference Center on the W. Alton Jones Campus in West Greenwich, Rhode Island.**

**The Fall 2014 Institute is scheduled for November 14.**

The purpose of this Institute is to provide the opportunity for school personnel and parents to plan the details of inclusion for one individual child who has developmental disabilities. We believe that one of the major barriers to meaningful inclusion is the lack of dialogue about the purposes, curriculum, and procedural details that are part of effective implementation. More than 150 schools have sent teams to prior Inclusion Institutes to discuss and plan the details of inclusion for an individual child. The teams developed an inclusion plan using a process that not only works with individual children, but can be generalized to a larger school population.

**The Sherlock Center covers the cost of the meeting space and meals, and provides:**

- a set of realistic operating principles
- a step-by-step planning process
- a set of resources
- the experience of other parents and school personnel who have implemented meaningful inclusion programs (these persons serve both as resources and as group facilitators)
- the time to discuss and plan in a stress-free environment.

**EACH STUDENT-FOCUSED TEAM MUST INCLUDE:**

- one or both of the parents (or guardian) -----
- the regular education teacher -----
- the special education teacher -----

**ADDITIONAL TEAM MEMBERS MAY INCLUDE (but are not limited to):**

Principal · Special Education Director · Teacher Aide  
Occupational Therapist · Speech/Language Pathologist · Physical Therapist

**FEES - *There is no cost to participate.***

The Paul V. Sherlock Center on Disabilities believes that a stress-free, distraction-free environment is important for teams of parents and professionals to create workable inclusion plans; the Whispering Pines Conference Center at the W. Alton Jones Campus offers this kind of environment. However, to plan space and food needs, the Sherlock Center must commit to Alton Jones for a certain number of participants, and must pay for the committed number, regardless of cancellations. Therefore, **school districts will be billed \$40.00 per person for any team or individual who registers and then cancels within 31 days of their scheduled Inclusion Institute.**

**REGISTER YOUR TEAM:**

To register a team, use the Online Registration Form provided below. You will be asked to provide the names and contact information for each person attending. If you prefer to register a team by U.S. Mail or Fax, print the attached Registration Form and send a completed form to the Sherlock Center as indicated.

**[Online Registration Form](#)**

Both registration forms are also available on the Sherlock Center website at [www.sherlockcenter.org](http://www.sherlockcenter.org). If you have questions or need to request information or materials in an alternate format, call (401) 456-8072 (V) or TTY Via RI Relay: 711 or 800-745-5555.



# FALL 2014 INCLUSION INSTITUTE Registration Form

To register for the **Fall 2014** Inclusion Institute, send a completed registration form to Elaine Sollecito by fax to 401-456-8150, or mail to the Sherlock Center on Disabilities, RI College, 600 Mt. Pleasant Avenue, Providence RI 02908. If you have questions or need to request information or materials in an alternate format, call (401) 456-8072 (V) or TTY Via RI Relay: 711 or 800-745-5555.

**Select Date:**

\_\_\_\_ **November 14, 2014**

Name of School: \_\_\_\_\_ District: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_ Student's Current Grade: \_\_\_\_\_

**Contact Person:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone (if different than school phone): \_\_\_\_\_ E-mail: \_\_\_\_\_

**TEAM MEMBERS**

Each team **MUST** include the parent/s or guardian, the student's regular education teacher, and the student's special education teacher. Attendees are requested to participate in a **brief** follow up survey with the Sherlock Center. Both an email and mailing address are requested for that purpose.

**TYPE OR PRINT CLEARLY.**

**PARENT/S /GUARDIAN:**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**List additional team members on Page 2.**



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TYPE OR PRINT CLEARLY.

Name of School (from page 1): \_\_\_\_\_

**REGULAR EDUCATION TEACHER:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ (requested for follow up contact)

Mailing Address: \_\_\_\_\_ Same as School Address

School / Organization: \_\_\_\_\_ (skip if providing a personal address)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SPECIAL EDUCATION TEACHER:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ (requested for follow up contact)

Mailing Address: \_\_\_\_\_ Same as School Address

School / Organization: \_\_\_\_\_ (skip if providing a personal address)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**OTHER ATTENDEES:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ (requested for follow up contact)

Mailing Address: \_\_\_\_\_ Same as School Address

School / Organization: \_\_\_\_\_ (skip if providing a personal address)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ (requested for follow up contact)

Mailing Address: \_\_\_\_\_ Same as School Address

School / Organization: \_\_\_\_\_ (skip if providing a personal address)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ (requested for follow up contact)

Mailing Address: \_\_\_\_\_ Same as School Address

School / Organization: \_\_\_\_\_ (skip if providing a personal address)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Copy this page if additional personnel are attending.