

MEMORANDUM

September 17, 2004
M045/04-05
305 995-1796

TO: Selected Principals
FROM: Will Gordillo, Administrative Director
Division of Exceptional Student Education



SUBJECT: CURRICULUM FOR SEVERELY MULTI-IMPAIRED STUDENTS

This is to inform you that training has been scheduled for a specialized curriculum to be implemented during the 2004-2005 school year. Inherent to the success of this type of programming is the professional development of all teachers, paraprofessionals, and therapists working with profoundly mentally handicapped students and multiply impaired students.

DATE:	Monday, October 4, 2004
TIME:	8:30 a.m. – 3:30 p.m.
LOCATION:	Riviera Middle School 10301 S.W. 48 th Street Miami, FL 33165 Auditorium
TELEPHONE:	305 226-4286

Six master plan points will be given to teachers participating in the training. To register, complete the attached registration form and fax to Liane Smith at 305 995-3094. Substitutes will be provided and the funding structure will be distributed at the training.

If you have any questions, or if further information is needed, please contact Ms. Beth Gordon, Department Chairperson for the Programs for Visually Impaired, Division of Exceptional Student Education, at 305 995-2527, or email: egordon@sbab.dade.k12.fl.us or Martha Berman, Curriculum Support Specialist, Division of Exceptional Student Education, at 305 995-1417, or email: mberman@dadeschools.net.

WG:las

x:c:	Ms. Willa Young	Ms. Jill Brookner
	Ms. Brucie Ball	Ms. Guirla Dodard
	ACCESS Center Superintendents	Dr. Deborah Finley
	ACCESS Center Directors	Ms. Lou Schmitt
	Dr. Ruby Poitier	Ms. Martha Berman
	ESE Executive Directors	Ms. Beth Gordon
	Ms. Valerie Carrier	
	ACCESS Center ESE Instructional Supervisors	

**REGISTRATION FORM
OCTOBER 4, 2004**

School Name: _____

Work Location Number: _____

School Phone Number: _____

Principal's Name: _____

Participants: _____

SPECIAL NEEDS REQUEST
<p>_____ <u>No</u>, I do not require special attention or services for this event.</p>
<p>_____ <u>Yes</u>, I do have a condition that may require special attention or services. If you checked this box, provide a general description of your special need(s) below:</p> <p>_____</p> <p>_____</p> <p>_____</p>

***Each participant must complete a registration form and fax it to:
Liane Smith at 995-3094***

If you have any questions, please contact Ms. Jill Brookner at 305 995-7580.