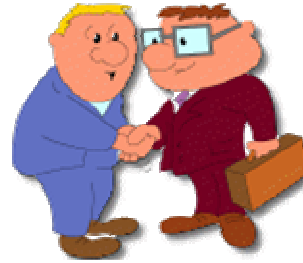


**MICHAEL CHAPMAN,  
B.S.**

Mr. Chapman is currently the statewide Director of Services for Division TEACCH's Supported Employment Program at the University of North Carolina at Chapel Hill. Division TEACCH is an International Center for research and interdisciplinary training in autism. Mr. Chapman has worked for the Supported Employment Program since 1998. He advocates for Supported Employment services for individuals with autism around the state of North Carolina and has trained audiences both nationally and internationally about the TEACCH model. Mr. Chapman is one of the co-authors of Division TEACCH's new transition assessment tool, the TEACCH Transition Assessment Profile (TTAP)



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**T E A C C H  
T T A P**



**March 19th and**

**March 20th, 2008**

**9:00am - 4:30pm each day**

**Travelodge Hotel**

**4177 Albert St. (South)**

**Regina, SK**

## TOPICS FOR PRESENTATION:

- ◆ What is ASD?
- ◆ ASD and it's impact on employment.
- ◆ TEACCH Transition Assesment Profile (TTAP)
- ◆ How to administer and record the TTAP and some samples of record keeping
- ◆ Job development strategies for individuals with ASD.
- ◆ Models and strategies for support.
- ◆ Preparing individuals with ASD for the social expectations of the workplace
- ◆ Visual strategies and adaptations for individuals with ASD on the job.
- ◆ How to plan a transition to the workplace

## TARGET AUDIENCE

- ◆ PARENTS
- ◆ TEACHERS
- ◆ JOB COACHES
- ◆ EMPLOYERS
- ◆ POST SECONDARY VOCATIONAL TRAINING CENTRES

## SCHEDULE AT A GLANCE

- 8:00—9:00 REGISTRATION & BREAKFAST
- 9:00—10:15 SPEAKER
- 10:15-10:30 BREAK
- 10:30—11:45 SPEAKER
- 11:45—1:15 LUNCH
- 1:15—2:30 SPEAKER
- 2:30—2:45 BREAK
- 2:45—4:00 SPEAKER
- 4:00—4:30 QUESTION PERIOD



## REGISTRATION

### Please Print:

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

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

City: \_\_\_\_\_

Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_

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Email: \_\_\_\_\_

Cost: **FREE**

SPACE IS LIMITED

Mail to: Crystal Schindelka

Child and Youth Services

1692 Albert Street

Regina, SK S4P 2S6

Fax to: (306) 766-6783

Email: Crystal with all the information on the above form to:

[crystal.schindelka@rqhealth.ca](mailto:crystal.schindelka@rqhealth.ca)

A confirmation will be sent to you regarding your registration.

**Please register by February 15, 2008.** If at any time you need to cancel your registration, please notify Crystal.