



STATE OF TENNESSEE  
**DEPARTMENT OF EDUCATION**  
6<sup>th</sup> FLOOR, ANDREW JOHNSON TOWER  
710 JAMES ROBERTSON PARKWAY  
NASHVILLE, TN 37243-0375

**BILL HASLAM**  
GOVERNOR

**KEVIN HUFFMAN**  
COMMISSIONER

## Memorandum

To: Principals  
From: Linda Copas, TN DOE  
Re: Autism training for Related Arts Staff  
Date: Feb. 9, 2012

The Tennessee Department of Education and Vanderbilt Kennedy Center TRIAD (Treatment and Research Institute for Autism Spectrum Disorders) are pleased to announce a new **two-day** focused workshop designed specifically for related arts teachers (music, art, PE, library staff) who serve students with Autism.

Related arts teachers are expected to differentiate instruction to meet the needs of all students, including students with Autism Spectrum Disorders. Can you RELATE? If so, this unique opportunity is for you! During this two-day project-based workshop you will learn:

- Characteristics of Autism Spectrum Disorders
- How these characteristics impact participation in related arts classes
- Evidence-based strategies to promote success in related arts classes.

Participants will leave with the knowledge and materials to RELATE evidence-based interventions to classroom practices.

General education teachers, Special education teachers, paraprofessionals, speech & language therapists, parents, and administrators **will not** be considered for attendance. This workshop is for related arts staff only. It is limited to 32 participants in each location.

If you are interested in this two day autism training, please fill out the application on the next page and fax it to: Linda Copas Fax number: 615.532.9412. Questions? Call Linda at 615.741.7790

**The deadline for application is March 23.** Late applications will not be accepted.

Don't forget to choose the location you want to attend! You will receive a confirmation with all information needed after March 23.

## TRIAD Related Arts Workshop Application

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

I teach (subject): \_\_\_\_\_

Grades I teach: \_\_\_\_\_

My School Name: \_\_\_\_\_

My School System: \_\_\_\_\_

I currently serve a child with Autism                      Yes                      No

My e-mail is: \_\_\_\_\_

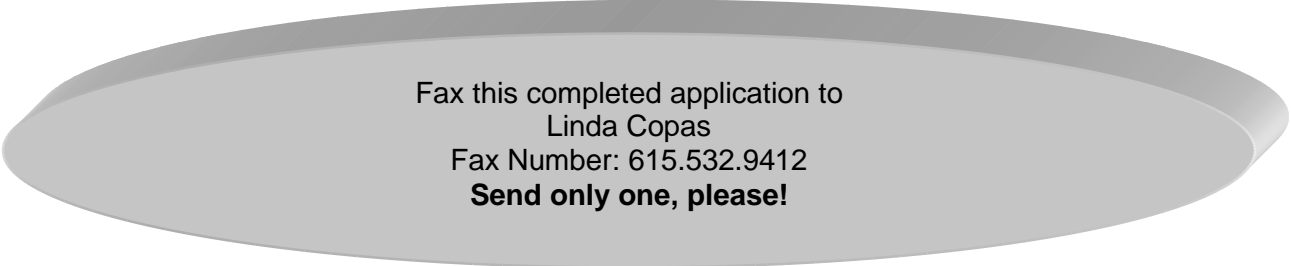
(Please check your e-mail; I cannot contact you if it is incorrect or illegible)

**Circle the location and date you wish to attend:**

April 9-10, 2012                      Knoxville

April 18-19, 2012                      Nashville

April 25-26, 2012                      Jackson/West TN



Fax this completed application to  
Linda Copas  
Fax Number: 615.532.9412  
**Send only one, please!**