



BILL HASLAM
GOVERNOR

STATE OF TENNESSEE
DEPARTMENT OF EDUCATION
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710 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243-0375

KEVIN HUFFMAN
COMMISSIONER

TRIAD TEACHER TRAINING (TTT)
2011-2012

During the 2011-2012 school year, the TN DOE will again collaborate with TRIAD of Vanderbilt to provide **hands-on teacher training** to those staff who work with children with autism. The training consists of three days of lecture and experience with children who have autism, plus the opportunity to receive a site visit in the trainee's setting within two months of their training. Training topics include characteristics, assessment, methodologies, communication, and behavior. Applicants can include general and special education teachers, speech-language therapists, related service personnel, behavior consultants, or other school personnel involved in educating students with autism. (Paraprofessionals who work with a student with autism will have a separate two-day training in August, 2011. Please check the DOE website for details.) TTTs take place in middle Tennessee at a public school. Participants must attend all three days to be eligible for the site visit and certificate. During 2011-2012, trainings offered will include Basic K-6, Basic Middle/High School, and Advanced K-12 (dates are listed on the application). **Please do not assume you will attend simply because you return the form.** You will be notified four weeks in advance if you are accepted. **Applicants must currently be serving a student(s) with autism and work in a public school**

There is **no cost** for the training or materials. The only cost to participants is transportation, food, and lodging, (if needed). Participants must fill out an application and be accepted. A maximum of two people from the same system can be accepted for the same training.

Interested staff may contact Linda Copas in the Office of Special Education at (615) 741-7790 for an application, or e-mail her at Linda.Copas@tn.gov

There are also several other options for training other than the three-day hands-on sessions. These include the Paraeducator workshop (2 day session), full-day workshops (spring), focused workshops (one or two-day session), Parent workshop (half-day), General Education workshop (two days) and Administrator Academy (two days), and Summer Institutes (4 days). Please call or e-mail Linda Copas for more information.

If your staff has had TRIAD Training, ask Linda Copas about the Autism Team Partnership for your school.

**TRIAD Teacher Training (TTT) Application
2011-2012**

Please Note: Completing this application does not guarantee admission. If you are accepted into a session, you will be notified four weeks in advance.
Do not leave any spaces blank!

Name _____

County/System _____ School _____

Current Position _____ Grades _____

Phone: Home _____ (Include area codes)
Work _____

E-Mail _____ *Required
for notification purposes

Educational degrees and certification: _____

Have you attended TRIAD teacher training in the past?	Yes	No
Check all that apply:		
_____ Full-day workshop(s)		Date(s) _____
_____ Three day TTT		Year: _____
_____ Focused Workshops		Year: _____
_____ Summer/Winter Institute		Year: _____
_____ Recipient of Site Visit		Year: _____

Circle the TTT (TRIAD Teacher Training) session you wish to attend:

Basic K-6 September 21-23, 2011

Basic K-6 November 16-18, 2011

Basic Middle/HS October 12-14, 2011

Advanced K-12: March 7-9, 2012 This training is open only to those who have completed the basic TTT and have been recommended for advanced training on the site visit written feedback.

During the 2011-2012 school year, will you be working with children with autism?

Yes No

In what position AND setting? _____

How old is/are the student(s) with which you work? _____

In all, how many years have you worked with children with autism? _____

What training have you had that helps you teach children with autism?

By attending this TRIAD training, what skills do you hope to obtain?

*If accepted into this training, I will make every effort to attend. If circumstances arise that prevent my attendance, I will notify Linda Copas ASAP so that my spot can be filled. Failure to do so will prevent my attendance at future sessions. I understand that upon completion of training, I will receive and attend a half-day site visit to my class/school for the purpose of constructive feedback and accountability.

Signature _____ Date _____

Please return this form to:

Linda Copas, Division of Special Education
7th Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243

Linda.Copas@tn.gov

Fax: 615-532-9412

Phone: 615-741-7790

** Substitutions are not permitted without prior approval. Please speak to your Special Education Supervisor if a sub is needed.*