

A workshop for professionals, parents and caregivers hosted by the:

Lebanon Township School District

and sponsored by:



#3 - DEVELOPING AN EFFECTIVE ABA CLASSROOM: Assessment, Teaching and Organizational Strategies

March 13-14, 2012 – 8:30 am – 4:30 pm

Woodglen School
70 Bunnvale Road
Califon, NJ 07830

Registration fee \$195.00

Prerequisite- Participants MUST have an understanding of the pairing with reinforcement process, manding procedures for vocal and non-vocal students, and a familiarity with the verbal operants (covered in workshop #2 – Pre-requisite)

This two-day workshop is designed to prepare participants to teach language and academic readiness skills to students with autism or other developmental disability. This hands-on experience places a heavy emphasis on developing the repertoires needed to assess and teach language skills based on B. F. Skinner's behavioral classifications of language.

At the conclusion of this workshop, behavior analysts (BCBAs, BCaBAs), special education staff, and other participants will be able to: (1) describe B.F. Skinner's classification of language, (2) distinguish between discrete trial training (DTT) and natural environment teaching (NET), (3) develop an individualized NET lesson plan for one of their students, (4) develop a sample NET lesson plan for a heterogeneous group of students, (5) describe methods for collecting data in the NET, (6) conduct and score a criterion-referenced assessment tool such as the Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP), (7) select developmentally appropriate IEP goals based upon a student's VB-MAPP profile (8) develop individualized classroom schedules that address developmentally appropriate IEP goals for each student, (9) identify ten research-based teaching procedures that reduce problem behavior and increase cooperation, (10) describe and implement error-correction and transfer trial procedures during DTT, (11) collect acquisition, retention, and maintenance data using a variety of methods, (12) describe antecedent manipulation, extinction, and differential reinforcement procedures used to reduce problem behavior maintained by socially-mediated negative reinforcement (escape-motivated behavior), (13) describe an antecedent strategy that addresses problem behavior associated with transitioning from preferred to less preferred activities, and (14) describe antecedent and differential reinforcement procedures used to promote independent toileting skills.

Thomas M. Caffrey earned his BA in Education from Arizona State University and his M.Ed from Georgian Court University where he was honored for his work in training paraprofessionals to work with children with autism. In addition, he completed post-graduate coursework in behavior analysis at Penn State University and is a Board Certified Behavior Analyst (#1-04-1820).

Mr. Caffrey co-authored with Dr. Vincent J. Carbone an 8 hour professional development training CD series *The Verbal Behavior Approach to Teaching Children with Autism* (<http://www.abatoolchest.com>). He is an internationally recognized speaker that has given over 200 national and international conference presentations and workshops. Mr. Caffrey specializes in teaching functional communication skills and helping teachers implement strategies to manage problem behaviors in public school settings.

Currently, he provides training and in-class support to schools and agencies that serve children with autism throughout the United States and abroad.

REGISTRATION FORM – PLEASE PRINT LEGIBLY – LIMITED SPACE AVAILABLE -REGISTRATION FEE- \$195.00

Registration is on a first-come basis. FATE accepts checks, money orders, purchase orders, AMEX, Visa, Master Card and Discover. Please include the name of registrant on purchase orders. Refunds will not be issued for cancellations 10 business days prior to the workshop date. Substitutions for original registrants accepted. Phone-in registration not accepted. Workshop confirmations will be e-mailed. Breakfast and lunch is on your own. Send completed form to **FATE, PO Box 107, Allenwood, NJ 08720, or fax credit card registrations to 732-206-0712.**

Name: _____ E-Mail: _____

Home Address: _____ City: _____ ST: _____ Zip: _____

Work Phone: _____ Evening Phone: _____

Place of Employment: _____

Cardholder name: _____ Credit Card# _____ Exp _____

Billing info same as above please check one: yes ___ no ___ (if not fill in below)

Cardholder street address: _____ Cardholder zip code: _____

CVV2(security code on back of card): _____ Cardholder signature: _____

Please check one:
Parent ___ Family member ___

Special Education Teacher ___ SLP ___ OT ___ Student-Special Education Major ___ Other ___

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