



## TEACCH Transition Assessment Profile (TTAP)

# TTAP Regional Training

<b>What it is:</b>	<p>A system for assessing hard and soft skills associated with: Employment; Daily Living; Recreation/Leisure; Independent functioning; Communication; and Quality of Life.</p> <p>Provides detailed information about vocational and behavioral strengths and needs for adult living (across contexts of home, school, community), not found in interest inventories.</p> <p>Appropriate for use with students who have moderate to severe disabilities (Neuro-developmental Disorders, Social Communication Disorders, ASD, and Downs, etc.), ages 11 and above (Informal), 14 and older (Formal).</p>
<b>Why Receive Training in the use of the TTAP:</b>	<p>Meets criteria for transition assessment set forth by IDEA.</p> <p>Results can be used to develop IEP/Transition goals and benchmarks that lead to a positive outcome beyond graduation.</p> <p>Assesses individuals in areas not included or covered by interest inventories.</p>
<b>Who Should Receive TTAP Training:</b>	<p>Transition and Evaluation Team members: School Psychologists; SLP's; Transition Specialists; Vocational/Guidance Counselors; Middle School Special Education Teachers; High School Special Education Teachers; Community Service Providers; and any individual involved in re-evaluation of students age 11 and older.</p>



## Registration Form

**Training Name: TTAP Region 7 Training: Larned Date(s): April 22<sup>nd</sup> & 23<sup>rd</sup> 2014**

**Location: Santa Fe Trail Center, Larned Fee: 20.00**

**Complete this form in its entirety. Please use a mailing and email address where you can receive mail throughout the year.**

Name/Team: \_\_\_\_\_ Organization/USD: \_\_\_\_\_

This address is for: \_\_\_\_\_ Home \_\_\_\_\_ Work Role/Job Title: \_\_\_\_\_

Address 1: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_ I understand that as a component of this training, a TASN ATBS Staff Member will be following up with me/our team. This may be as few as one follow up.

**Please include any requests for provisions, services, or equipment per the Americans With Disabilities Act (ADA) and/or food allergies:** \_\_\_\_\_

**Registration Fees: All TASN Autism and Tertiary Behavior Supports trainings charge a cost recovery fee of \$10 per day per person. For example, a 2 day training has a fee of \$20, a 3 day training has a fee of \$30 and so on. Registration forms that are not accompanied by a check or Purchase Order will not be honored.** Please indicate on the purchase order the name of the training, date and the names of those for whom the purchase order is covering the registration fee. *Purchase Orders may cover multiple participants to the same training.* Please make checks or POs payable to Keystone Learning Services. Send registration form and fees to Jennifer Houser, TASN Mail Stop 3055, 3901 Rainbow Blvd, Kansas City, KS 66160, fax number 913-588-5942. Or email to [jhouser@kumc.edu](mailto:jhouser@kumc.edu). Registrants will receive confirmation of registration from Jennifer and an e-mail reminder of the training, one week prior to Day 1.

If you have general questions about the training or about submission of fees, please contact Jennifer Houser at 913-588-5943 or at the above email address.

**Refund Information: (April 14, 2014 will be the last date for full refunds)**

Please find attached information specific to the training for which you are registering. The attachment includes important information. We appreciate your taking the time to read it.

**Please contact [jhouser@kumc.edu](mailto:jhouser@kumc.edu) if you do not receive a confirmation email one week prior to the training.**