



CENTER FOR LEARNING AND BEHAVIORAL SOLUTIONS

Tel: 949-654-2424 . Fax: 949-654-2428

Registration form: **K-12 IN-SERVICE WORKSHOP**

Please complete this form and return it to us by **fax at (949) 654-2428**.
Thank you.

Contact: _____

School: _____

Best time to reach you: _____

E-mail: _____

Phone: _____

1. Please circle the time and day that best works for your parents:

11:00 am	11:30 am	12:00 pm	12:30 pm	1:00 pm	1:30 pm
Monday	Tuesday	Wednesday	Thursday	Friday	

2. What date and time would you like us to pencil-in our calendar to present our workshop?

3. Please circle the **Top 2** subjects of interest:

- Supporting "Reading Success" at Home
- Autistic Spectrum Disorder
- Becoming a Reader
- Behavioral Problems in the Pediatric Public
- Finding the Missing Link: An Overview of Diagnosis and Treatment of Learning Difficulties
- Tools for Getting Organized
- Nurturing Social-Emotional Development in Children
- Tantrum Busters
- Nurturing Your ADHD Child's Learning Potential
- Understanding Your Role in Your Child's Learning
- Phonemic Awareness

Other (specify): _____

4. Please indicate the approximate number of participants we will be addressing: _____

Please fax this form back to (949) 654-2428. Thank You.