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Classroom Suite v4 Foundations Workshop  
Friday, October 1, 2010 – Vancouver, WA

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**WHAT IS IT?**

*Classroom Suite v.4* is a unique Response to Intervention tool that combines the power of direct instruction within a flexible tool environment to help students in grades Pre-K through 5 achieve mastery in reading, writing and math.

*Classroom Suite* provides students with explicit instruction, constructive practice and embedded assessments. *Classroom Suite* includes research-based activity templates that can be used out-of-the-box, or easily customized to meet targeted needs.

**WHO SHOULD ATTEND?**

This workshop is designed for educators, SLPs, OTs, AT specialists, paraprofessionals and parents who are new to (or have limited experience with) *Classroom Suite v.4*.

**WORKSHOP PREREQUISITES**

- Familiarity with opening, editing and saving files in a computer operating system.

**GOAL**

The goal of the Foundation Workshop for *Classroom Suite v.4* is to enable educators to understand how to use *Classroom Suite* to teach early concepts, reading, writing, and math to students struggling due to learning difficulties or access issues.

**LEARNING OUTCOMES**

- Given a template, the participants will be able to create a reading or math activity correlated to standards or district curriculum.
- Participants will be able to sequence activities to scaffold the process of learning in reading, writing, and math.
- Participants will be able to integrate Classroom Suite activities into their daily classroom environment.

Participants will identify the learning strategies incorporated into Classroom Suite and understand how these strategies will help their students have a successful learning experience and achieve higher student outcomes.

**LOGISTICS**

Date: Friday, October 1, 2010  
Sign in: 8:00 am  
Time: 8:30 am – 3:30 pm

Place: Washington State School for the Blind  
Irwin Building  
2214 E. 13<sup>th</sup> St  
Vancouver, WA 98861

Phone: 360-696-6321

**WHAT IS THE COST?**

Fee is \$225 per person which includes continental breakfast, lunch and workshop materials.

**HOW DO I REGISTER?**

- Full payment by credit card, check, or PO is required before your seat is confirmed
- Complete registration form and payment **MUST BE FAXED** to:  
Cambium Learning Technologies 781-276-0643  
If you are paying by check, please FAX THE FORM AND CHECK to 781-276-0643 then mail both to:  
Cambium Learning Technologies  
Regional Workshops  
1223 Wilshire Blvd, Box 159  
Santa Monica, CA 90403
- Workshop size is limited; please register early to avoid disappointment.

If you are registering less than 2 weeks prior to the workshop, or have any questions about the workshop or registration, please contact Sara at 800-894-5374 x626 or [sara@kurzweiledu.com](mailto:sara@kurzweiledu.com)

**PARTICIPANTS RECEIVE**

- Training Materials designed to support the learning process both during and after the workshop
- 6 Full hours of hands-on training
- Continental Breakfast and Lunch



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If you are registering less than 2 weeks prior to the workshop, please call for seat availability and workshop status.

**PLEASE PRINT** (Each attendee must have a complete registration form)

Name:	Title/Position:	
School/Organization:	Grade Level Responsibility:	
School District:		
School/Business Address:		
City:	State:	Zip:
Business Phone:	Business Fax:	Home Phone:
Email ( <b>REQUIRED</b> - confirmation by email <b>ONLY</b> ):		
Area of Specialization:		

**WORKSHOP FEE PER PERSON: \$225.00**

Payment must be received prior to the workshop.

**Form and appropriate payment information MUST BE FAXED to:** Cambium Learning Technologies - 781-276-0643

**If you are paying by check, please 1) FAX THE FORM AND CHECK to 781-276-0643 2) mail both to:**

Cambium Learning Technologies – Regional Workshops  
1223 Wilshire Blvd, Box 159  
Santa Monica, CA 90403

<b>Purchase Order:</b> PO payable to Cambium Learning Technologies	Purchase Order Number:		
	Attention:		
	Invoice Ship-to Address:		
	City:	State	Zip:
<b>Personal/Business Check:</b> Payable to Cambium Learning Technologies	Check Number:		
	Attention:		
	Receipt Ship-to Address:		
	City:	State	Zip:
<b>Credit Card:</b> <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <b>Please note:</b> Your card will be charged by “Sopris West”	Account Number: (16 Digits)		
	Expiration Date: /	Amount to be Charged: \$	
	Cardholder’s Name: (as it appears on card)		
	Cardholder’s Signature:		
	Cardholder’s Address:		
	City:	State	Zip:

**CANCELLATION/REFUNDS POLICY**

Any registrant who does not attend or cancel **2 weeks prior to the workshop**, will be assessed the *full fee* of \$225.