

For more information contact:

Tricia Weis

WCBVI Birth to Six Vision Consultant

Toll Free 866-284-1107

608-758-6150

tricia.weis@wcbvi.k12.wi.us



For information about other WCBVI-sponsored activities, visit our website:

www.wcbvi.k12.wi.us

For questions about Outreach Programs contact:

Stacy Grandt, Outreach Director

1700 W State Street

Janesville WI 53546

stacy.grandt@wcbvi.k12.wi.us

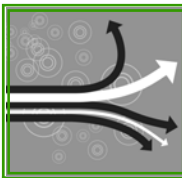
Toll Free 866-284-1107 Ext.2

608-758-6145



The Wisconsin Center for the Blind and Visually Impaired is a part of the Wisconsin Department of Public Instruction, Division for Learning Support: Equity and Advocacy.

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2009 Pre-School Conference
"From Disability to Possibility"
March 13-15, 2009
Radisson Paper Valley Hotel-Appleton

Possibilities
for my future!



Wisconsin Center for the Blind and Visually Impaired
1700 W State Street
Janesville WI 53546
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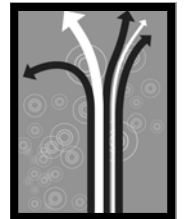
Wisconsin Center for the Blind and Visually Impaired-Outreach Team presents...

2009 Pre-School Conference

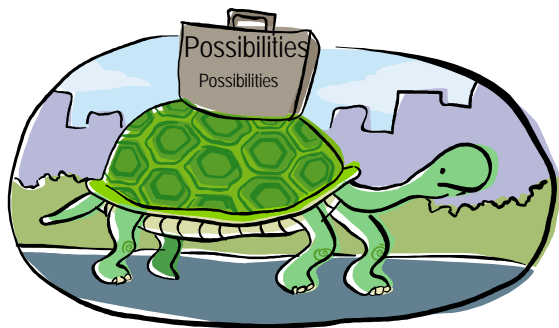
March 13-15, 2009

For parents/guardians of preschool aged children, birth through 5, who are blind or visually impaired.

**"From
Disability
to Possibility..."**



**Radisson Paper Valley Hotel
Appleton, Wisconsin**



Conference Sessions Overview

- ◆ Keynote Speaker: William H. "Bill" English, former Superintendent of the Wisconsin School f/t Visually Handicapped, 1970-1994.
"Possibility Options from a Visionary Perspective"
- ◆ Pre-Braille Hand Strengthening and Movement, Molly Tellefson, COTA.
- ◆ "What I See: Understanding Your Child's Eye Condition" Lori Lindsly, Low Vision Therapist.
- ◆ "What to Do, What to Ask & Testing Expectations," Michael Struck MD.
- ◆ "Active Learning: In & Out of the Little Room," Nancy Smith, Deaf-blind Consultant, and David Brookhiser, portable/storable SOS Room designer.
- ◆ Lots about fine & gross motor skills.
- ◆ Orientation & Mobility Panel, true stories by those who know. Identifies ways for you to encourage your child's free-spirited movement.
- ◆ Visual Impairment Simulation Activities. Experience what your child may see or do. For many, an eye-opening hands-on session.
- ◆ "FYI-Before & During Early Childhood," Stacy Grandt, Outreach Director and early advocate for Early Childhood programming.
- ◆ "Connecting Families - Accessing Links," Marilyn Connolly, Statewide Parent Liaison.

Lodging & Conference Meals

To register for the 2009 Pre-School Conference, please complete the Registration Form and return it along with a \$30.00 Registration Fee made payable to WCBVI. Fee of only \$30.00 will cover your family's lodging (1 state-rate room - Friday & Sat. nights), conference sessions, and all conference meals starting with Friday night supper through Sunday morning breakfast.

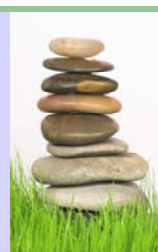
To Reserve A Room
Reserve no later than February 16!

Radisson Paper Valley Hotel

333 W College Avenue
 Appleton WI 54911

Reservations:

800-242-3499, 920-733-8000
 (Call Monday-Friday 8:30 AM-4:30 PM)
 800-333-3333 (24-hour toll-free)



ASK FOR: "WCBVI Pre-School Conference" room block. Hotel check-in time is 3:00 PM and check-out time is 12:00 Noon. Be sure to identify any accommodations needed when making reservation i.e. refrigerator, crib, rollaways and handicap accessibility.

NOTE: A credit card will be needed to reserve your room (your credit card will not be charged for this room unless you fail to attend and/or not cancel before scheduled arrival date if unable to attend). your credit card will be billed for any incidentals and/or to purchase a 2nd room (at state rate of \$70/single or \$97/double).

Detailed conference information will be sent upon receipt of Registration form and Fee.

Don't forget about Friday night Circle Groups!
 A time for getting to know others with your child's same or similar diagnosis.

2009 Pre-School Conference REGISTRATION FORM

Child's Name: _____
 (Pre-School child w/disability Birth through 5)

Birthdate: _____ Age: ____ Gender: M F

Vision Diagnosis (name): _____
 (Ex: Albinism, ROP, CVI, Leber's, Aniridia, Optic Nerve Hypoplasia)
 Other Impairment(s): _____

Parent Name/or Guardian: _____
 (Relationship if not parent: _____)

Email: _____

Phone (Home Cell Work): _____

Street Address: _____

City/St/Zip _____

____ Number of parents/ or guardians attending,
 ____ Number of caregivers and siblings attending,
 ____ TOTAL # attending (including your VI child)

Special accommodations needed:

Braille Large Print Vegetarian Meals (# ____)
 Other _____

Child served by:

Early Childhood (School District _____)
 Vision Teacher Name _____
 Work Cell Home Phone _____
 Birth to 3 Program (County Name _____)
 B-3 Contact Name _____
 Work Cell Home Phone _____

Complete and return form
 and \$30.00 Registration Fee (payable to WCBVI)
 by February 16, 2009 DEADLINE to:

WCBVI Business Office - Pre-School Conference
1700 W State Street
Janesville WI 53546