

<http://disabilitygoto.com/WrightslawPeoria.html>



**Friday, December 4, 2009  
8:15 - 4:00 pm**

**Hult Center for Health Education  
5215 N Knoxville Avenue  
Peoria, Illinois 61614**

## Special Education Law and Advocacy One-Day Conference

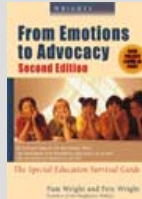
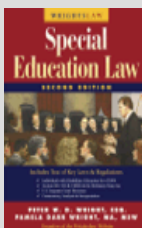
(includes two books and lunch)

One-day special education law and advocacy programs focus on four areas:

- Special Education Law, rights and responsibilities
- Tests and measurements to measure progress & regression
- SMART IEPs
- Tactics & strategies for effective advocacy

Many areas will be covered in this one-day conference. Some of those are as follows:

Extended School Year, Least Restrictive Environment/Mainstreaming/Inclusion, Private Placements, Statewide Assessment Evaluations and IEP's  
Prior Written Notice, Procedural Safeguards Notice, Mediation, Due Process Hearing, Appeal, Discipline, Age of Majority  
Section 504, ADA, FERPA  
NCLB, No Child Left Behind  
Litigation, Pertinent Special Ed Case Law  
Special Ed Advocacy for the Parent, Advocate, and Parent's Attorney  
Legal, systemic and "school culture" obstacles to compliance with IDEA  
The Parent as the Special Ed Manager and Expert

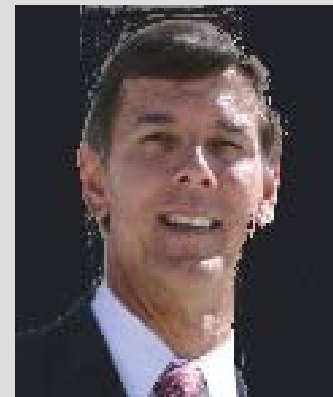


Mr. Steedman's practice is devoted primarily to the representation of children with disabilities. He has represented his clients in administrative due process hearings and state and federal courts.

In addition to a law degree from the University of Maryland, Mr. Steedman has a Masters Degree in Social Work. For several years, he served as a Due Process Hearing Officer in special education cases. He is an active member of the [Council of Parent Attorneys and Advocates \(COPAA\)](#) and has been presenting for Wrightslaw for a number of years.

### Our Presenter

**Wayne Steedman  
Attorney at Law  
Wrightslaw**



CEU's will be available  
NASW/MCLE/CPDU

[Wrightslaw programs](#) are designed to meet the needs of parents, educators, health care providers, advocates and attorneys who represent children with disabilities regarding special education. The program is not disability specific.

**For more information contact the Conference Coordinator, Kimberly Maddox-Reihl at [assistance@disabilitygoto.com](mailto:assistance@disabilitygoto.com) or via telephone at (517) 420-3313.**

# Conference Attendee Registration Form

## Friday, December 4, 2009



### Part A: Registrants Contact Information

Name:	<i>Due to space limitations, there will be no discounts for attendees who might already have the text books provided or for couples.</i>	
<small>Please include school or company name if applicable.</small> Address:	Second Registrants Name:	
Address:	Phone #:	We will close registration at 150 attendees!
City, State, Zip:	Email:	

### Part B: Registration Options

▶▶▶▶ Lunch, Drink and Text Books included in Registration Fees.

Lunch "Selection"	Discounted if registered on or before November 6, 2009	Registering On or After November 7, 2009
<input type="checkbox"/> Turkey Sandwich w/Drink	<input type="checkbox"/> \$110.00 For All Parents of Children with Special Needs	<input type="checkbox"/> \$135.00 For All Parents of Children with Special Needs
<input type="checkbox"/> Ham Sandwich w/Drink	<input type="checkbox"/> \$135.00 For All Professionals, Educators, Etc	<input type="checkbox"/> \$160.00 For All Professionals, Educators, Etc
<input type="checkbox"/> Vegetarian Sandwich w/ Drink	<b>SAVE EVEN MORE BY REGISTERING ONLINE (\$10 Savings)</b>	

### Part C: Payment Information

*All cancellations will be assessed a processing fee of \$15.  
No refunds after November 15, 2009*

**Register Online at <http://disabilitygoto.com/WrightslawPeoria.html>  
or fax your registration to (309) 304 - 4811**

Check is enclosed for \$ _____	Make checks payable to: <b>DisabilityGoTo, Inc.</b> <b>404 S Darst</b> <b>Eureka, IL 60530</b>
Total # ___ of Registrants	
Please be sure to pay for the proper number of registrants.	Address Credit Card is Registered To: _____
Credit Card \$ _____	_____
 3 digit security code	_____
Circle One:    Visa    MasterCard    Discover    AMEX	_____
Card #: _____ Exp Date: _____	<b>Fax your registration to (309) 304 - 4811</b>
Purchase Order # _____ Attach a copy of your purchase order to this registration form.	

**For more information call: (517) 420-3313 or visit [www.disabilitygoto.com](http://www.disabilitygoto.com)**

By signing this registration, I understand and agree to the following: Authorization to charge or invoice me for costs noted above. Benefits of this registration are listed in the conference brochure, unless indicated herein, there are no conditions, terms, or constraints associated within this registration.

Signature: _____	Date: _____
Print Name: _____	Title: _____