This event is sponsored by:

New York State Education Department
Vocational and Educational Services for
Individuals with Disabilities

Cornell University
Employment and Disability Institute

Apple Computer, Inc.

Overnight Lodging:
Participants will pay for lodging on their own. A “TransQUAL” room block is being held at the Holiday Inn Ithaca – Downtown, 607-272-1000, 1-800-HOLIDAY. Participants will need to call and make their own reservations and present their tax exempt form upon arrival to the hotel. The room block will be held until September 8, 2006.

Please fax your registration form to:
Alexis C. Falise
Cornell University
Employment and Disability Institute
201 ILR Extension Building
Ithaca, NY 14853
Telephone 607-255-3921
Fax 607-255-2763
TTY 607-255-2891
Agenda October 12-13, 2006

October 12, 2006
8:00 am       Continental Breakfast - Registration
8:30          Welcome and Overview
9:00          Orientation to TransQUAL
10:00         Hands-on with TransQUAL – Assessment
12:00 pm      Lunch
1:00          Hands-on with TransQUAL – Work Plan Development
3:00          Large Group Discussion
4:00          Adjourn

October 13, 2006
8:00 am       Continental Breakfast
8:30          Welcome and Overview
9:00          Hands-on with TransQUAL – Impact Reporting
10:00         TransQUAL Data – Making Connections
12:00 pm      Lunch
1:00          TransQUAL Data – Identifying Issues
3:00          Large Group Discussion
4:00          Adjourn

Planning Teams will learn:
- How to use new, interactive features of the TransQUAL web site
- How to access information within the TransQUAL web site for regional planning
- How to build a professional learning community using this online toolkit
- Effective practices from other participants, to improve continuous, collaborative planning
- How to frame questions, digging deeper into TransQUAL and other data sets to inform planning process

Registration for October 12-13, 2006
2nd Annual TransQUAL Forum

Return by September 12, 2006

Team Leader
Name: ____________________________
Title: ____________________________
Email Address: _____________________

Additional Team Members (parents, student leaders, educators, agency personnel)
Name: ____________________________
Title: ____________________________
Name: ____________________________
Title: ____________________________
Name: ____________________________
Title: ____________________________

School: ___________________________

Mailing Address: __________________________
City/State/Zip: ___________________________
Phone/Fax: ___________________________

Please list any auxiliary aids or services you need to fully participate in our program:
_____________________________________

We cannot guarantee any accommodation request not submitted on this form, or if received past September 12.