

About the Speaker



Dr. Vreeburg Izzo completed her Ph.D. in Special Education, Rehabilitation and Research at OSU in 1998, and received her MA from George Washington University in Washington D.C.

Dr. Vreeburg Izzo is Program Manager for the Special Education and Transition area at The Ohio State University Nisonger Center.

Currently, Dr. Vreeburg Izzo is the Principal Investigator of two federally funded grants designed to improve the academic and transition outcomes of students with disabilities at both the secondary and postsecondary levels.



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Cleveland, OH 44115

1331 Euclid Ave.

Who Am I?

Transition Workshop

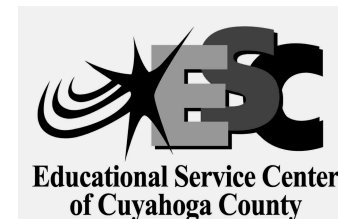
Postsecondary Education
Opportunities for
Students with Disabilities

Presenting:

Margo Vreeburg Izzo, Ph.D

April 2, 2011

Sponsoring Partners



Agenda

- 8:30 - 9:00 Registration & Continental Breakfast
- 9:00 - 9:15 Overview of Day
- 9:15 - 12:30 Dr. Izzo
- 12:30 - 1:00 Wrap-Up
Speaker will provide breaks.

Speaker Info Continued:

Izzo's research and clinical interests are in the area of increasing academic and employment outcomes for students with disabilities through authentic classroom and community-based experiences. Izzo's clinical interests include conducting transition assessments that result in improved employment and quality of life outcomes.

Saturday, April 2, 2011
8:30 am - 1:00 pm
Cuyahoga Valley Career Center
8001 Brecksville Road
Brecksville, OH 44141

Today's Workshop

Objectives:

1. Describe how to integrate transition assessments into the general curriculum and increase students' reading, writing and transition skills.
2. Discuss examples of students' self-directed transition plans that promote active involvement in their IEP process.
3. Present the effects of the E-mentoring program with assistive technology supports on reading

Transition Workshops:

September 24, 2011

"Ask Me!"

Empowering Students

October 11 & 12, 2011

North East Ohio College Fair for
Students Learning Differently

SAVE THE DATES!

Registration Required

Professional...(w/CEU's).....\$ 35.00
 Parent.....20.00
 Student...with ParentFREE

Total _____

Name _____

Student _____

Address _____

City _____ ST __ Zip _____

Phone _____

E-mail _____

District/Agency _____

Position/Title _____

Child M F Age ____ Birth Year ____

School System _____

Grade Level Pre K-K 1-3 4-8 9-12

Payment Information

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Name as appears on card

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Register by:

March 19, 2011

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Please call if you have dietary concerns or if special accommodations are needed.