

Inclusion workshop, training or conference Scholarship 2018-2019

To: Dutchess, Orange, Putnam, Columbia and Ulster County teachers, support staff, service providers, District Administrators and Parents of a student with Down syndrome.

Inclusion works when dedicated and creative educators make it happen.

Recent data provided by Down Syndrome Education International suggests that the key factors for successful inclusion appear to be:

- 1) A positive attitude of the school as a whole to the child.
- 2) A flexible approach to the use of support staff.
- 3) Ownership by the class teacher of the child's learning program.
- 4) Good communication between the school and the parents.

The DSAHV **Inclusion scholarship** is designed to provide financial support to parents and to those who work within our local school systems. If you wish to learn more about inclusion and the positive benefits on the Down syndrome population we encourage you to seek workshops and conferences.

The Down Syndrome Association Hudson Valley will reimburse those attending a workshop or training session, including those receiving continuing education credits, in areas pertaining to inclusion.

For consideration please complete the attached application and mail to DSAHV, PO Box 161, Hopewell Junction, NY 12533 or email it to us at: info@dsahv.org.

Feel free to share this application with others. We thank you for your interest and assistance in improving the lives of those with Down syndrome and other developmental challenges.

We look forward to hearing from you.

Sincerely,

DSAHV Education Coaches Down Syndrome Association Hudson Valley

(DSAHV) is a 501c (3) non-for-profit organization Down Syndrome Association Hudson Valley



2018-2019 Inclusion Scholarship Application

Name: _____

Address: _____

Phone Number: _____

School District: _____ School: _____

Title/Position: _____

Number of years in current role: _____

Please describe the workshop/conference/training you wish to attend: _____

****Attach a flyer/brochure/ website link and any additional information for the event-we will issue a check directly on your behalf****

Signature of Applicant: _____ Date: _____

Signature of Supervisor _____ Date: _____

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