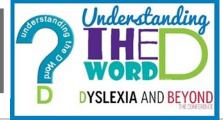


Directorate for Quality and Standards in Education





Registration Form			
Name and Surname:			
Occupation:			
Address: House N° / Name:			
Street:			
Locality/Postal Code			
Landline:			
Mobile:			
Email Address:			
Kindly indicate which of the following workshops you would like to attend in order of preference, <b>1</b> being the one you most and <b>7</b> the least one you would like to attend: Each participant has the possibility to attend TWO workshops			
Recognition - an alternative way to promote early reading motivation		Workshop 1	
Understanding Assessment Reports and Plans of Acti		s Workshop 2	
Supporting the secondary school students with dysle		Workshop 3	
Supporting the primary school students with dyslexic		Workshop 4	
How do I manage my child's anxiety? Cognitive Behavioural Techniques (CBT) for paren		Workshop 5	
Parental Empowerment and Self Advocacy		Workshop 6	
Using the Kurzweil		Workshop 7	
Signature:		Date:	
Kindly indicate any special dietary requirements:		Please note that no registration form will be accepted without	
Saturday whole day only: €40 Thursday and Saturday: : €50 Payment Form Cash o Che Kindly send your registration Malta Dyslexia Associaiton POBC	o que details form and payment to Mo X 04 St Julians	the relevant pay	•
Contact No.: 79887744 <a href="https://www.facebook.com/MaltaDyslexiaAssociation">https://www.facebook.com/MaltaDyslexiaAssociation</a>			

Registration deadline: Friday 1st November 2014