



**Two days National workshop  
on**

**"ENHANCING OUTCOMES IN INCLUSIVE EDUCATION  
FOR SPECIAL EDUCATIONAL NEEDS"**

**Organized by**

**NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH  
MULTIPLE DISABILITIES (DIVYANGJAN)**

*~Accredited by NAAC~ ~ISO9001:2015~*

*Department of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice and Empowerment,  
Government of India*

**Workshop Objectives**

- Inclusive Education and Social Inclusion*
- Assessments to identify at-risk children in inclusive schools*
- Evidence based practices for Intervention*

**Resource Persons  
from**

**UNIVERSITY OF MINNESOTA, USA**

**Date: May 31 – June 1, 2019**

**Venue: NIEPMD, Chennai, India**

**Workshop Convener**

**Dr. Brian H Abery, UoM, USA**

**Dr. Renata Ticha, UoM, USA**



**WHO CAN PARTICIPATE?**

**TEACHER EDUCATORS, INCLUSIVE SCHOOL TEACHERS,  
SPECIAL EDUCATORS AND REHAB PROFESSIONALS**



**RCI CRE STATUS ACCREDITED\***

**For Registration:**

**9976736671, 8610762668 (M); niepmdworkshop2019@gmail.com**



**\*Applied for**



**National Institute on Empowerment of Persons with Multiple Disabilities, Chennai**  
**Two days National Workshop**  
**“Enhancing outcomes in Inclusive Education for Special Educational Needs “**

**Date: May 31<sup>st</sup> –June 1<sup>st</sup>, 2019**

**Venue: NIEPMD, Chennai**

**REGISTRATION FORM**

(To be filled in block Capital letters)

1. Name: Dr./Mr./Mrs: \_\_\_\_\_

2. Father's/ Spouse Name: \_\_\_\_\_

3. Qualifications & Designation: \_\_\_\_\_

4. RCI No: (If registered under RCI) \_\_\_\_\_

5. Name of the Organization: \_\_\_\_\_

6. Address of the Organization: \_\_\_\_\_

7. Country \_\_\_\_\_

8. E-mail Id: \_\_\_\_\_ Contact No. \_\_\_\_\_

**9. Registration fees (Please Tick)**

Registration is mandatory and 1<sup>st</sup> cum first serve basis

- Participants from India : INR 1200
- Student Delegates and Research Scholars INR 800

Registration fee includes tea-lunch-tea and workshop kit only

Participants are required to make own travel and stay arrangement

Registration closing date: **20<sup>th</sup> May 2019.**

10. Fee to be paid through online to the following details and the scanned copy of the successful transaction details should be e-mailed to: [niepmdworkshop2019@gmail.com](mailto:niepmdworkshop2019@gmail.com)

<b>Name of the Bank</b>	: Indian Bank.	<b>Name of the Branch</b>	: Kovalam.
<b>Account Holder</b>	: NIEPMD I. A	<b>Account Number</b>	: 6332687300
<b>IFSC</b>	: IDIB000K122		

For assistance contact: 9976736671, 8610762668 or email: [niepmdworkshop2019@gmail.com](mailto:niepmdworkshop2019@gmail.com)

Signature of the Participant:.....Date:..... Place:.....