Who Is the Program Designed to Serve?

Children and adolescents aged 7-16 who are LD or have ADD and who may experience difficulty in the areas of reading and writing, cognitive ability, comprehension, information retention, fine motor control, and visual perception.

Computer Skills is also a component of our Summer Support Program for age 8-13, offered in July.

Program Dates and Times 2011/2012

Fall 2011 Sessions

Tuesdays - 6:00-7:00pm
Sept. 27 – Nov. 29, 2011

Wednesdays - 6:00-7:00pm
Sept. 28 – Nov. 30, 2011

Winter 2012 Sessions

Tuesdays - 6:00-7:00pm
Jan. 17 – Mar. 27, 2012

Wednesdays - 6:00-7:00pm
Jan. 18 – Mar. 28, 2012

No Sessions During March Break

Spring 2012 Sessions

Tuesdays - 6:00-7:00pm
Apr. 10– Jun. 12, 2012

Wednesdays - 6:00-7:00pm
Apr. 11 – Jun. 13, 2012

Please Complete the Registration Form on the Reverse Side

Computer Skills PROGRAM

ldanp • Learning Disabilities Association of North Peel

The right to learn, the power to achieve

Bramalea Civic Centre
104-150 Central Park Drive
Brampton, Ontario L6T 2T9
Tel: 905-791-4100
Fax: 905-791-5189
Email: info@ldanp.ca
Web: http://www.ldanp.ca/

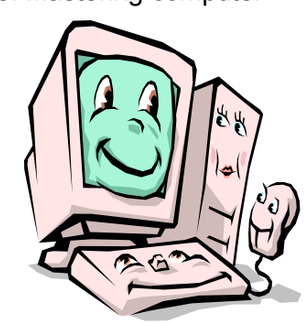
LDANP gratefully acknowledges the generous support of

United Way of Peel Region

Why A Computer Skills Program?

Learning and developing keyboarding skills can assist children to understand what is taught to them academically. The purpose of this program is to teach the compensatory skill of typing, while introducing software commonly utilized in communication. Students with LD often have difficulty writing or getting their thoughts down on paper. Children who have trouble taking adequate notes from the chalkboard or avoid written assignments will benefit from the program. Being familiar and comfortable with a computer aids concentration, reduces anxiety and assists the child in recognizing and identifying his or her inaccuracies.

Effective literacy is founded on fundamental skills. It is important for individuals to be able to unlock the richness and stimulation of writing. Achieving this goal is important not only in education but also in life as a whole. Mastering computer skills can help significantly those experiencing difficulties with basic skills.



Program Goals

Our goal is to help learning disabled individuals achieve the independence, confidence and personal satisfaction which effective literacy brings.

Program Outline

We use software that engages the students and reinforces continued practice.
We teach children to type while reinforcing spelling, grammar and composition.
We use lessons, games and exercises, and link the activities to common home software like Microsoft Word and Internet Explorer.
We provide easy to follow directions and systematic, clear feedback about performance.
We introduce the student to the basics of word processing and internet use, including safe-surfing techniques.

Sponsoring Agency

The Learning Disabilites Association of North Peel is a registered charity and a United Way Funded Agency, which serves parents of learning disabled children, their families, adults with learning disabilities, and professionals working with LD clients.

COMPUTER SKILLS REGISTRATION FORM

Please print clearly

Fees: $125 for Members/$150 for Non-Members
□ Fall □ Winter □ Spring
□ Tuesdays □ Wednesdays

Date: _____

Participant Name:

_____

Age: _____ **□ M □ F**

Date of Birth (DD/MM/YY): _____

Parent/Guardian Name:

_____

Address: _____

_____

City: _____

Postal Code: _____

Email: _____

Home Phone: _____

Daytime Phone: _____

Are you a member? □ Yes □ No

Do you wish to become a member? □ Yes_□ No

*If yes, please add **$50** to your payment to cover the annual membership fee.*

Payment Enclosed: $ _____

We accept payment by cash, cheque or credit card; contact us for details. Make your cheque payable to:
Learning Disabilities Association of North Peel

$25 service charge will be levied on NSF cheques

PROGRAM FEES ARE NON-REFUNDABLE/ NON-TRANSFERRABLE

MEDICAL INFORMATION AND CONSENT

Health Card # _____

Doctor's Name: _____

Doctor's Telephone: _____

Allergies/Problems we should be aware of:

_____

_____

Does the participant require any medications (must be able to take on their own):

_____

Please indicate the area or learning disability and/or diagnosis:

_____

_____

_____

_____

I authorize the following individual(s) to escort my child:

Name	Telephone #
1.	
2.	

In an emergency, please notify:

Name	Telephone #
1.	
2.	

I acknowledge that the participants must be picked up promptly at the end of each session. Failure to comply will result in a financial penalty of **$1.00/minute** late, and may result in expulsion from the program and forfeiture of fees. I acknowledge that the enclosed information is correct.

_____ _____

Parent/Guardian Signature Date

PROGRAM NEEDS AND EXPECTATIONS

Please use the following spaces to describe the behaviours exhibited by your child at home and at school. This will help us determine eligibility and assist with programming.

(Feel free to write any additional information on extra paper if you need more space.)

Describe the social behaviours exhibited by your child at home.

_____

_____

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Describe the social behaviours exhibited by your child at school.

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_____

What are your expectations of the program?

_____

_____

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_____

At the end of the program you will receive a questionnaire. Please take the time to evaluate the session as it is important to the quality and effectiveness of the program.