

● Raise your AQ @ York U ● Raise your AQ @ York U ● Raise your AQ @ York U ●

COMPLETE AN AQ IN INCLUSIVE CLASSROOM, PART 1

This course provides course participants to examine aspects of the human rights- based theoretical foundations for an inclusive classroom, become familiar with topics that Include: Identity and culture; Understanding of the Human Rights code as it pertains to our responsibilities to our students, colleagues and community; Exploration of power and privilege; Culturally Relevant Pedagogy; Social/ School realities for students who are marginalized as a result of the their social identities; Connecting equity to the delivery of the Ontario Curriculum; A focus on Social Justice. In addition, inclusive approaches/ strategies for Curriculum & Program Planning, Assessment and Evaluation are integrated in order to provide course participants with concrete everyday school realities to which they can apply concepts.

Prerequisites: You must hold an undergraduate degree acceptable to the OCT **AND** You must be a member in good standing with the OCT.

Registration fee: \$865.00

Dates/Time: March 30; April 6, 13, 20, 27; May 4, 11, 18, 25; June 1,8,15; Saturdays (8:00am-4:30pm): April 17; May 15; June 19,

Location: YCDSB Office, 320 Bloomington Road West, Aurora, Ontario, L4G 1M0

Deadline to Enroll: March 10, 2010.

Payment Options: Certified cheque or money order made payable to York University, OR Visa or Master Card OR debit card (in-person only, during business hours). If you are paying by Visa or Master Card you may fax your application to the Research and Field Development Office at (416) 736-5023.

Registration Process: 1. Complete an application form
2. Submit application, SOF (if required) & fee by mail, fax or in person to:

York University,
Faculty of Education, Field Development Office,
023 Winters College,
4700 Keele Street,
Toronto, ON. M3J 1P3

Fax: (416) 736-5023
Phone: (416) 736-5003
Email: raiseyouraq@edu.yorku.ca
Website: <http://www.raiseyouraq.ca>

Or Register on-line. Go to <http://www.raiseyouraq.ca> and choose the following course code: LDS10IC1Y

Candidates must have registration confirmed in writing in order to attend this program. If you have not received a confirmation of registration letter one week prior to the start of the program, please contact the Field Development Office using the contact information listed above.

Withdrawals: Withdrawals requested by candidates are effective on the date the signed withdrawal/transfer notice is received and subject to the refund schedule listed on our website. If you wish to withdrawal, please fill out the form available on the following link: http://edu.yorku.ca/profdev/forms/Withdrawal_form.pdf



ADDITIONAL QUALIFICATION PROGRAM

Application Form

The Office of Research and Field Development, Faculty of Education
023 Winters College, 4700 Keele Street, Toronto, ON M3J 1P3
Tel: (416) 736-5003 Fax: (416) 736-5023
Email: raiseyouraq@edu.yorku.ca
Website: <http://www.raiseyouraq.ca>

YCDSB & THE OFFICE OF RESEARCH & FIELD DEVELOPMENT, YORK UNIVERSITY

INCLUSIVE CLASSROOM, PART 1

SPRING 10

Personal Information (Please Print in Block Letters)

College of Teachers Registration Number:

Date of Birth: (OCT requirement)

Mr. Mrs. Miss Ms.

Month

Day

Year

Surname:

First Name:

Middle Initial:

Street Address:

Apt./Unit:

City:

Province:

Postal Code:

School Phone: ()

Phone: ()

E-mail:

(This is our primary means of communication with clients)

May we use this email address to correspond with you about upcoming programs and courses?

Yes No

School Board:

Teacher Panel: Elementary Secondary

I am a graduate of York University (If yes deduct \$50 from your payment amount):

Yes No

Current School:

Subjects taught:

Grade:

Program Information

INCLUSIVE CLASSROOM, PART 1

LDS10IC1Y

Payment Information

Visa
 M/C

Card Number:
(Please Check Carefully)

Cardholder's Name (Print Clearly) :

Expiry Date:

Cardholder's Signature:

M / Y Y

Payment Amount \$:

Certified Cheque/Money Order:

Debit Card:

APPLICANT'S SIGNATURE:

DATE:

YOUR SIGNATURE CERTIFIES THE FOLLOWING: I have read and agree to abide by the policies published on the RFD website: <http://www.raiseyouraq.ca>. All the information provided in this application is true and correct. I am a member in good standing with the Ontario College of Teachers. I understand that payment will automatically be adjusted, if necessary, in accordance with Research and Field Development policy.

NOTICE OF COLLECTION: Personal information is collected under the authority of Freedom of Information and Protection of Privacy Act (FIPPA) and The York University Act, 1965 for educational, administrative and statistical purposes and will form part of the candidate record at the Faculty of Education. If you have questions about the collection, use and disclosure of personal information by the Faculty of Education, please contact the Information and Privacy Coordinator, York University, Ross N926, 4700 Keele Street, Toronto, ON M3J 1P3, telephone 416-736-2100 Ext. 20359.