

IITRA CALL FOR PRESENTATIONS

2020 IITRA Annual Conference
April 2 & 3, 2020 | DMACC FFA Enrichment Center | Ankeny, Iowa

PRESENTERS: Please complete the following information and return to iitraconference@gmail.com or asmith@linkassociates.org prior to November 1, 2019.

Title of Session: (Descriptive of content; relate to NCTRC Job Analysis; 20 words or less)

Session Description: (Descriptive of content; relate to NCTRC Job Analysis; 150 words or less)

Length of Session: (please include time for questions)

- 90 Minutes (workshop) 60 Minutes

Learning Outcomes: (Provide measurable learning outcomes for each session; provide NCTRC JA code – codes provided below)

- 1.
- 2.
- 3.

NCTRC Job Analysis Task Domains

- | | |
|--|---|
| A. Professional Relationships and Responsibilities | F. Document Intervention Services |
| B. Assessment | G. Treatment Teams and/or Service Providers |
| C. Plan Interventions and/or Programs | H. Develop and Maintain Programs |
| D. Implement Interventions and/or Programs | I. Manage TR/RT Services |
| E. Evaluate Outcomes of the Interventions/Programs | J. Awareness and Advocacy |

Session Outline: (Provide a detailed session outline of content and methodology)

Does your session require special room set up?

Use this space to detail if your session needs open space for movement, seating at tables, early set up, longer set up/longer tear down, a large room, etc If nothing special is required, enter Not Applicable (NA)

Audio-Visual Equipment Needs:

Meeting rooms include basic A/V equipment, which consists of: ceiling projector, screen, a basic PC computer, VGA cord for laptop connection, DVD player, VHS player, and basic sound system. Please list any additional A/V needs:

Speaker Information

Please complete mailing address and phone number for all speakers who will be presenting in your session. Confirmation of session acceptance will be e-mailed to the main speaker and copied to the co-speakers. If speakers are added or deleted or information is changed after we receive this form, the main speaker is responsible for contacting ITRA with the changes.

Main Speaker Contact:

Name _____

Title _____

Agency _____

Agency Mailing Address _____

City _____ State _____ Zip _____

Dayime Phone (____) _____

Fax: (____) _____

E-Mail _____

Co-speakers (if applicable):

Name _____

Title _____

Agency _____

E-mail: _____

Name _____

Title _____

Agency _____

E-mail: _____

Name _____

Title _____

Agency _____

E-mail: _____