



Attention Deficit Disorders and the T.O.V.A. Workshop

NEW ORLEANS, LA

MAY 21ST, 2010

LOCATION: HAMPTON INN AND SUITES
CONVENTION CENTER
1201 CONVENTION CENTER BLVD.
NEW ORLEANS, LA 70130

CHICAGO, IL

JUNE 18TH, 2010

LOCATION: SILVERSMITH HOTEL & SUITES
STERLING ROOM
10 SOUTH WABASH AVENUE
CHICAGO, IL 60603

WOULD YOU LIKE TO HOST A T.O.V.A. WORKSHOP IN YOUR AREA?
CALL THE TOVA COMPANY AT
800-729-2886 FOR HOSTING
INFORMATION OR EMAIL US AT
INFO@TOVATEST.COM

Schedule

8:00 – 9:00 Registration & Continental Breakfast

9:00-10:30 Overview of Attention Deficit Hyperactivity Disorder

Topics include: Overview of Attention Deficit Hyperactivity Disorder, DSM diagnostic criteria of subtypes, diagnostic procedures for children and adults (including classroom behavior ratings and self-ratings), and treatment interventions, including counseling, medication, and school/workplace consultation.

10:30-10:45 15-minute Break

10:45-11:15 Overview of Continuous Performance Tests (CPTs)

Topics include: History, description, controversies, and characteristics.

12:00 – 1:00 Lunch provided

1:00- 2:00 The Structure, Administration, and Scoring of the Test of Variables of Attention (T.O.V.A.)

Topics include: The development of the Test of Variables of Attention and Test of Variables of Attention-Auditory; test constructs, structure, and norming; administration of the test; scoring procedures. Clinical observations, interpretation rules, interpreting the profile and subtests, use of the School and Home Intervention Reports.

2:00-3:30 Interpreting the T.O.V.A. in the Diagnosis and Therapy of Children and Adults

Topics include: Presentation of teaching protocols illustrating diagnostic uses, establishing dosage, and monitoring treatment over time.

3:30-3:45 15-minute Break

3:45-4:45 Interpreting the T.O.V.A. in the Therapy of Children and Adults Continued

4:45 – 5:00 Evaluation

Faculty

Lawrence M. Greenberg, M.D., Professor Emeritus, Department of Psychiatry, University of Minnesota; Author of the T.O.V.A..

Christopher Holder, M.A., L.M.H.C., CEO of The TOVA Company.

Carol Kindschi, M.S.N., R.N.

Registration Fee

-\$149 per person.

-Group and Student discounts available.

Who Should Attend?

If you work with children or adults with attention problems, then this workshop is for you! Whether just starting out, or in the field for years, this workshop will have something applicable for you.

Workshop Objectives

Participants will be able to apply or use best practice methods for assessing and treating attention problems.

Participants will be able to evaluate and critique diagnostic procedures and interventions of attention problems.

Participants will be able to demonstrate or describe the advantages of using objective measures.

Participants will be able to describe, utilize, evaluate continuous performance tests, including the T.O.V.A..

Participants will learn how to use the T.O.V.A. to assess and monitor interventions.

Participants will have opportunity to apply interpretation skills with case examples.

Continuing Education

6.5 Hours of Continuing Education is available for Licensed Psychologists. The TOVA Company is approved by the American Psychological Association to sponsor continuing education for psychologists. The TOVA Company maintains responsibility for this program and its content.

Cancellation / Refund Policy

If a registrant cancels 7 days or more prior to the workshop, a refund less \$25.00 processing fee per registrant will be issued. No refunds if registrant cancels less than 7 days prior to workshop. If The TOVA Company cancels or reschedules the workshop, a full refund will be issued.

Additional Information

If you have any questions or need additional information, please contact The TOVA Company at 800-729-2886 or 562-594-7700. Email us at: info@thetovacompany.com



THE TOVA COMPANY WORKSHOP REGISTRATION

MAIL OR FAX REGISTRATION AND PAYMENT TO:

THE TOVA COMPANY
3321 CERRITOS AVE
LOS ALAMITOS, CA 90720
FAX: 1-800-452-6919 OR 1-562-594-7770

WHO WILL BE ATTENDING?

- 1. NAME : _____ DEGREE: _____ LICENSE # _____
EMAIL: _____ FAX: _____ STUDENT: YES ___ No ___
- 2. NAME : _____ DEGREE: _____ LICENSE # _____
EMAIL: _____ FAX: _____ STUDENT: YES ___ No ___
- 3. NAME : _____ DEGREE: _____ LICENSE # _____
EMAIL: _____ FAX: _____ STUDENT: YES ___ No ___
- 4. NAME : _____ DEGREE: _____ LICENSE # _____
EMAIL: _____ FAX: _____ STUDENT: YES ___ No ___

T.O.V.A. INFORMATION

T.O.V.A. Serial # _____ or Customer # _____

WHICH WORKSHOP WILL YOU ATTEND?

Date: _____ Location: _____

Cost: \$149 per attendee. Student discount (with valid student ID) _____. Group discount : _____.

BILLING INFORMATION

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

E-MAIL(S) _____

METHOD OF PAYMENT

- CHECK OR MONEY ORDER, PAYABLE TO **The TOVA Company** PURCHASE ORDER P.O. # _____
- Visa MasterCard Discover Card American Express Pay Pal Acct: _____

Card Holder Name: _____

Cardholder Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Card #: _____ Expiration Date: MO ____ YR ____

Card Verification Number (3 digit number off back of card or 4 digit number printed on the front of the card for AMEX): _____

Authorized/Cardholder Signature: _____

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