

**Name Signs**

**Presenter: Beverly Woodel, M.A.**

 **ff**

**Workshop Description:**

Did you know that American Sign Language (ASL) has rules regarding the development of name signs? Join us as Beverly Woodel teaches us the ASL rules behind name signs, including descriptive and abstract name signs. We will also discuss how and by whom name signs can be given. We want you to be able to recognize appropriate and inappropriate name signs, to know how to approach someone who might have an inappropriate name sign, and to know the appropriate way to go about getting your name sign changed if it doesn’t follow ASL rules.

**Presenters:**

Teaching undergraduate ASL courses since 2004, Beverly Woodel is member of the faculty at Central Piedmont Community College in Charlotte, N.C., where she teaches ASL. She currently holds Provisional Certification through the national American Sign Language Teachers’ Association (ASLTA). She holds a Master’s Degree from Gallaudet University in Sign Language Teaching and a Bachelor’s Degree from Gallaudet University in Physical Education.

From a Deaf family, Woodel was raised in Morganton, N.C., where she attended North Carolina School for the Deaf, as did many generations of her family.

During her leisure time, she enjoys quality time with family, assisting her mother when needed, and spending time with her Deaf husband and her two hearing children. When Beverly and her family are not out enjoying the lake on their jet skis or taking out the pontoon boat, she enjoys participating in cross-fit training classes and competition. Beverly and her family currently reside in Morganton, N.C.

**Nov. 6, 2017**

5:30 p.m. Registration

6 - 8 p.m. Workshop

.2 PS CEUs

**Location:**

Foothills Higher Education Center

2128 S Sterling St.

Morganton, NC 28655

Room: 163

Parking Instructions:

Parking is open on both sides of the building.

**Guilford Technical Community College, Jamestown Campus,**

 **601 East Main Street, Jamestown, NC 27282**

 **Building: Sears Applied Technology**

 **Room: Auditorium**

 **Parking: Park in any space that is not labeled.**

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State of North Carolina 🞄 Department of Health and Human Services

Division of Services for the Deaf and the Hard of Hearing

www.ncdhhs.gov 🞄 www.ncdhhs.gov/dsdhh

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**“Name Signs”**

**Workshop Information**

**Language of Presentation:**  This training will be conducted in ASL. Interpreters will be provided.

**For other accommodations** contact Tanya Miller at 828-430-7185 or tanya.miller@dhhs.nc.gov by October 23, 2017.

**Refund and Cancellation Policy:** All refund requests **must** be in writing. The requests should be emailed to Lee Williamson at lee.williamson@dhhs.nc.gov. No refunds, except for medical emergencies, will be issued past October 23, 2017.

**CEUs:** NCRID is an Approved RID CMP Sponsor of Continuing Education Activities.

.6 Professional Studies CEUs at the selected Content Knowledge Level:

 \_\_\_Little/None **X Some \_\_\_**Extensive  **\_\_\_**Teaching

**Target Audience:**  Open to all interested parties, including interpreters, Deaf community members, and teachers.

**Registration Cost:**

Registration will be accepted until October 30, 2017, or until full.

Regular Rate (postmarked by October 30th): $10. 00 After October 30th: $15.00

Payments must be made by check or money order, payable to “DSDHH.”

**Questions:**

Any questions regarding this workshop can be sent to Pam King at pam.king@dhhs.nc.gov.

**Registration Form for**

**“Name Signs”**

**with the Morganton Regional Center**

Please send this form and check or money order payable to **DSDHH.**

**Send to: Please address your envelope exactly as listed to ensure delivery to our office.**

Department of Health and Human Services

Division of Services for the Deaf and Hard of Hearing

Attn: Monica McGee

Workshop: Name Signs

820 S. Boylan Ave.

2301 MSC

Raleigh, NC 27699-2301

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NCITLB License Number (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Registration Fee: \_\_\_\_\_\_ $10.00 \_\_\_\_\_ $15.00

Amount enclosed: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**DSDHH Office Use Only**

Date postmarked: \_\_\_\_\_\_\_\_\_\_\_\_ Amount received: \_\_\_\_\_\_\_\_\_\_\_\_\_ Check number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_