Kurzweil 3000

Kurzweil 3000 is an assistive technology software package with a suite of powerful learning tools. They include: reading, writing, test taking and study skills tools for students and document preparation tools for instructors. You can convert text to speech and brainstorm ideas like never before. It is designed to make a curriculum accessible to all students and is particularly appropriate for students with learning disabilities.



This course will cover:

- · Overview of program features and toolbars
- Interaction with other programs (including compatible formats for importing and exporting documents)
- Brainstorm functions (complete process from brainstorm to finished product)
- · Text-to-speech functions
- Study skill functions
- · Research functions
- · Customizing features
- Document and accessibility preparation functions



You will receive:

- · Electronic and hardcopy documents for your future reference with commands and troubleshooting
- Exercises and ideas for future skill development once you are comfortable with the level taught in the session

Course Detail

We offer a half-day session on these topics customized to your particular needs. We can host this session at our location on Dresden Row in Halifax or at your organization's location.

Course Requirements:

- Access to Internet at the course location
- Workspace that is relatively free of distraction for the training period
- One week prior notice of custom content in order to prepare and organize content appropriately
- One week prior notice of a group session in order to gather information from participants

Specialists in Workplace
Adaptation and Accommodation

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Pricing Structure

Session	1 Trainee	3 to 5 Trainees	6 to 9 Trainees
Half-day	\$400	\$133/person	\$65/person

Call for a flat fee for 10 or more attendees.

Print and scan the completed form and send it to <u>at@compusult.net</u>. An electronic version of the same form can be found at <u>www.compusult.at/at-website/training</u>. Indicate your chosen course on the electronic form.

Individual Registration	on		
Name:		Phone Number:	
Organization:			
Requested Training D	ate(s):		
Location of training:			
☐ Our location (1	526 Dresden Row, Halif	ax NS)	
☐ Your location: _			
Group Registration			
Name	Organization	Contact Number	E-mail
Method of Payment			
	Number:		
	will contact you to get		
	be received before date		
, ,		ne training. We will contact vo	ou upon receiving this form or



any other communication from you to discuss specific training needs and confirm your specified dates.