

Lives. Transformed.

Low-Cost Training

Fall 2012 Training Schedule

Important Information

Register one week in advance to save your spot!

REFUNDS ARE NOT AVAILABLE

LOCATION/TIMES (Unless otherwise specified) Little Friends 140 N. Wright Street

Naperville, IL 60540

Third Floor- If special accommodations are needed, please, contact us prior to your scheduled training.

All trainings are from 2:30-4:30 p.m. (Unless otherwise specified)

TRAINING FEES (Unless otherwise specified) \$38 per person/training

CEU's/CPDU's PROVIDED

------ Please check selected trainings ------

- ${
 m O}$ 9/25 Understanding ASD & Trtmnt Strtgs (1 of 2) by Patti Boheme Level 1
- O 9/27 Understanding ASD & Trtmnt Strtgs (2 of 2) by Patti Boheme Level 1
- O *10/2 Programming & Safety for Severe Behaviors $\mbox{by Laura O'Rourke}$ at 6-8pm
- O 10/4 Understanding the Newly Proposed Diagnostic ASD Criteria by Dr. Cynthia Brouillard at 6:30-8pm – COST: \$30/prsn
- O *10/10 Supporting Spee Thishtraining has been pment at Home and School by Kathy Evangelista a CANCELED
- O *10/13 Eat, Play Sleep: Speech and Sensory Solutions for Busy Parents and Professionals by Dana Balzer & Aditi Mehra at 9-noon – COST: \$69/prsn
- O 10/16 Reinforcers that Work! By Laura O'Rourke
- O 10/30 & 11/1 Nonverbal Prompting & Discrete Trial (Parts 1 & 2) by Mary Crissman COST: \$115/prsn - 2:30-5:00 pm (both days) (Maximum 22 participants - MUST ATTEND BOTH DAYS) Level 1
- O 11/8 Toilet Training by Mary Crissman at 6-8pm
- O 11/13 Sensory Processing by Dr. Kim Bryze Level 1
- O 11/15 Parent's Perspective by Carol Paske Level 1
- O 11/29 Communicative Functions of Behavior by Mary Crissman Level 1 $\,$
- O 12/4 & 12/6 Structured Teaching (TEACCH) (Parts 1 & 2) by Patti Boheme COST: \$115/prsn – 2:30 – 5:00 p.m. (both days) (Maximum 45 participants – MUST ATTEND BOTH DAYS) Level 1 (Basic materials will be provided for the Make and Take on Day 2)

***NEW TRAININGS!**

Name(s):				
City:		State:	Zip:	
Home Phone:		Cell Ph	none:	
E-mail Address:				
PAYMENT INFORMATIC	ON (Please make checks	payable to	the Little Friends Center for Autism)	
Amount Enclosed: \$		$_$ \bigcirc Cash \bigcirc Check \bigcirc Credit Card		
Credit Card #:		O Vi	isa \bigcirc MC \bigcirc Amex \bigcirc Discover	
Three-Digit Verification	Code: I	Expiration Da	ate:	
Signature:				
# of Parents:	_ # of Professionals:	Please in	ndicate which credits you are eligible for:	
O CPDU/CEU (B	oard of Education) ${ m O}$ Ea	rly Interventi	ion \bigcirc CE (SW and Counselors) \bigcirc QIDP	
	Please submit payment and Little Friend 1001 E. Chicago Ave., Phone: (630) 305-41 www.littlefrie	Is Center fo Suite 151, 96 ext. 2 Fa	or Autism Naperville, IL 60540 ax: (630) 305-4785	