



LITTLE FRIENDS CENTER FOR AUTISM AUTISM TRAINING



DISCRETE TRIAL TRAININGS!!!

Fri., March 5th

& offered a 2nd time on

Fri., April 30th

Both days:

9:30 – 3:30 p.m.

(REGISTRATION 9:00 – 9:30)

(1 hr. lunch on your own)

Location:

**Little Friends
Center for Autism**

140 N. Wright St.

Naperville, IL 60540

3rd Flr (If special accommodations are
needed, please contact us.)

(630) 305-4196

Fax: (630) 305-4785

e: kronan@lilfriends.com

COST: \$105 PER PRSN/TRNG

CEU's/CPDU's PROVIDED!!!

For PARENTS & PROFESSIONALS!!!!

Presented by

Mary Crissman

Discrete Trial Parts 1 & 2 (Level One)
(2 opportunities to take Discrete Trial)

This presentation will discuss Applied Behavioral Analysis (ABA) and Discrete Trial (DTF) in teaching children across the Autism Spectrum. Discrete Trial may be used to teach: 1.) social/play skills (i.e. imitative play, turn-taking and imitating peers), 2.) receptive and expressive language, 3.) self-help skills (i.e. toileting, dressing and undressing and oral hygiene) and 4.) academics (i.e. matching identical items, identifying shapes, colors, letters and numbers). DTF may be customized to meet the needs of each child. DTF is highly structured and builds upon a child's strengths. DTF allows those teaching children with autism to customize the program for each child, and also allows for program modification when necessary. Participants will also practice using Discrete Trial to teach important skills.

**BE SURE TO REGISTER EARLY, ONLY
15 PARTICIPANTS PER TRAINING!!!**

Payment and registration form must be received one week prior to training date in order to attend. If you do not receive confirmation within 2 weeks contact Kelly.

REGISTRATION FORM - _____

SPECIFY DATE OF TRAINING / COST: \$105 per person / training (refunds not available)

Contact person:	Address:
Agency name (if applicable):	Phone:
E-mail to receive confirmation: (If you wish to be notified of future trainings)	# of parents attending: _____ # of staff/professionals attending: _____
PAYMENT METHOD (MUST be enclosed)	Credit Card:
Credit card amount: _____	(circle one) VISA MC AMEX DISC (other, specify) _____
Amount of check enclosed: _____ (Make payment to LITTLE FRIENDS CENTER FOR AUTISM. & write, "Training," in the memo section.)	Credit Card # _____ Exp Date _____ Security Code _____ (3-digit number on back of card)

Payment and registration form must be received one week prior to training date at: LFCA / ATTN: Kelly
1001 E. Chicago Ave., Suite 151, Naperville, IL 60540 or sent to a private fax: (630) 305-4785.