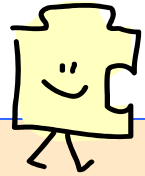




# LITTLE FRIENDS CENTER FOR AUTISM

## AUTISM TRAINING



# 2008 FALL SCHEDULE

**All trainings are  
scheduled from:  
2:30 – 4:30 p.m.  
(UNLESS SPECIFIED)**

Location:

**Little Friends  
Center for Autism**

(UNLESS SPECIFIED)

140 N. Wright St.

Naperville, IL 60540

3<sup>rd</sup> Flr (If special accommodations are  
needed, please contact us.)

**(630) 305-6039**

**Fax: (630) 281-1866**

e: [kronan@lilfriends.com](mailto:kronan@lilfriends.com)

**COST: \$35 PER PRSN/TRNG**

(UNLESS SPECIFIED)

**CEU's/CPDU's PROVIDED!!!**

### For PARENTS & PROFESSIONALS!!!!

- 8/22 Understanding ASD & Trtmt Strtgs (1 & 2) by Patti Boheme **Level 1**  
COST: \$50/prsn - 1:00-4:30 pm
- 8/26 Communicative Functions of Behavior by Mary Crissman **Level 1**
- 8/28 Visual Strategies by Mary Crissman **Level 1**
- 9/03 Communication Training (Part 1 of 2) by Kathy Evangelista **Level 1**  
(PECS + Communication Approaches will be reviewed)
- 9/04 Communication Training (Part 2 of 2) by Kathy Evangelista **Level 1**  
(PECS + Communication Approaches will be reviewed) - Attend P1 first
- 9/09 Walk in My Autism by Mary Crissman
- 9/18 Teaching Personal Boundaries to Indv. with Autism by Mary Crissman
- 9/23 & 9/25 Structured Teaching (TEACCH) (Parts 1 & 2) by Patti Boheme  
COST: \$100/prsn – 2:30 – 5:00 p.m. (both days)  
(Maximum 25 participants – MUST ATTEND BOTH DAYS) **Level 1**  
(Basic materials will be provided for the Make and Take on Day 2)
- 10/01 Char. & Behavioral Issues in Individuals with Asperger's (Part 1 of 2)  
by Dr. Cynthia Brouillard **Level 1**
- 10/02 Char. & Behavioral Issues in Individuals with Asperger's (Part 2 of 2)  
by Dr. Cynthia Brouillard **Level 1** - Attend P1 first
- 10/09 Organizational Supports for High-Funct. Autism by Kathy Evangelista  
**\*\*10/14 Communicative Functions of Behavior** by Mary Crissman **Level 1**
- 10/16 Teaching Independent Skills Using Nonverbal Prompts  
by Patti Boheme & Mary Crissman **Level 1**
- 11/11 Parent's Perspective by Carol Paske **Level 1**
- 12/2 Positive Proactive Prog. for Ind. w/ Behavior Prob. (1 of 2) by Patti Boheme **L1**
- 12/4 Positive Proactive Prog. for Ind. w/ Behavior Prob. (2 of 2) by Patti Boheme **L1**
- 12/11 Sensory Processing by Dr. Kim Bryze **Level 1**

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/TITLE OF TRAINING(S) COST: \$35 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: _____
<b>PAYMENT METHOD (MUST be enclosed)</b>	<b>Credit Card:</b>
Credit card amount: _____	(circle one) VISA MC AMEX DISC (other, specify) _____
Amount of check enclosed: _____ (Make payment to <b>LITTLE FRIENDS CENTER FOR AUTISM.</b> & 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  
140 N. Wright St. Naperville, IL 60540 or sent to a private fax: (630) 281-1866.