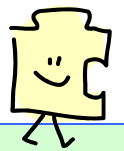




LITTLE FRIENDS CENTER FOR AUTISM



2009 LEVEL 1 CORE AUTISM SUMMER TRAINING

(For Parents and Professionals – Attend all 6 days or choose per training)

All trainings are scheduled from:

8:30 – 4:00 p.m.

(UNLESS SPECIFIED)

(One hr. lunch on your own 11:30 – 12:30)

Location:

Little Friends Center for Autism

140 N. Wright St.

Naperville, IL 60540

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

(630) 305-6039

Fax: (630) 281-1866

e: kronan@lilfriends.com

COST: \$550 for all 6 days, \$100/day or choose per training

(Cost per training listed next to title)

Check off which training(s) you will attend.

CEU's/CPDU's PROVIDED!!!

Earn your Level One Core Autism Training Certificate in six days this summer!!

DAY 1 – JUNE 16th

Understanding ASD & Successful Treatment Strategies (1 & 2) - \$70
8:30 – 11:30 a.m., 12:30 – 1:30 p.m. by Patti Boheme

Visual Strategies - \$ 35
1:45 – 4:00 p.m. by Mary Crissman

DAY 2 – JUNE 17th

Structured Teaching (TEACCH) (Parts 1 & 2) - \$100
8:30 – 3:30 p.m. by Patti Boheme

DAY 3 – JUNE 18th

Communication Training (Parts 1 & 2)
(PECS + Communication Approaches will be reviewed) - \$70
8:30 – 11:30 a.m., 12:30 – 1:30 p.m. by Kathy Evangelista

Communicative Functions of Behavior - \$35
1:45 – 4:00 p.m. by Mary Crissman

DAY 4 – JULY 8th

Positive Proactive Prog. for Ind. w/ Behavior Problems (1 & 2) - \$70
8:30 – 11:30 a.m., 12:30 – 1:30. by Patti Boheme

Parent's Perspective - \$35
1:45 – 3:45p.m. by Carol Paske

DAY 5 – JULY 9th

Char. & Behavioral Issues in Individuals with Asperger's (1 & 2) - \$70
8:30 – 11:30 a.m., 12:30 – 1:30 by Dr. Cynthia Brouillard

Sensory Processing - \$35
1:45 – 4:00 p.m. by Dr. Kim Bryze

DAY 6 – JULY 10th (MUST ATTEND FULL DAY!!!)

Teaching Independent Skills Using Nonverbal Prompts & Discrete Trial (Parts 1 & 2) by Mary Crissman

Payment and registration form must be received one week prior to training date in order to attend. If you do not receive confirmation within 1 week contact Kelly. (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 amount: _____ Amount of check enclosed: _____ (Make payment to LITTLE FRIENDS CENTER FOR AUTISM. & write, "Training," in the memo section.)	Credit Card: (circle one) VISA MC AMEX DISC (other, specify) _____ 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.