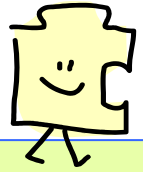




LITTLE FRIENDS CENTER FOR AUTISM

AUTISM TRAINING



The Ultimate Toilet Training Workshop for Parents (Professionals Welcome)

Saturday,
April 17th
9:00 – 12:30 p.m.
(registration 8:30 – 9:00)

Location:

Little Friends Center for Autism

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

140 N. Wright St.

Naperville, IL 60540

(630) 305-4196

Fax: (630) 305-4785

e: kronan@lilfriends.com

COST: \$50/per person

Presented by

**Patti Boheme M.S., L.C.P.C. &
Mary Crissman, B.S.**

This workshop will provide parents and professionals with strategies for developing a toilet training program for home or school settings. At the end of the workshop participants will know how to start a toileting program. Specific topics that will be addressed include emotional, communicative and developmental issues; rewards; toileting chairs; toileting readiness; bowel training and diet. Additionally, presenters will discuss how to overcome difficult problems when toilet training children with developmental disabilities and Autism. The Little Friends Visual Toilet Training Program will also be reviewed.

The Little Friends Center for Autism Visual Toilet Training Program will be available at the workshop for purchase.

CEU'S & CPDU'S PROVIDED!!

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 - _____

COST: \$50 per person (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
1001 E. Chicago Ave., Suite 151. Naperville, IL 60540 or sent to a private fax: (630) 305-4785.