



**The Autism Society of Colorado Hosts This One Day Workshop:
For Professionals - Friday October 16 and for Parents - Saturday Oct 17**

“Resolving Chronic Behavior Problems at Home and at School:”

Developing a Reflective Approach for Communication and Limit Setting

National Autism Speaker: Stacy Goresko, Ph.D.

This insightful fast-paced interactive workshop, taught by a certified Relationship Development Intervention (RDI®) consultant, also a parent of a child on the autism spectrum, will give you the tools and the techniques to increase your professional and parental confidence when working with individuals with autism and related neurological disorders. You will leave with an unusually comprehensive and balanced array of REAL ANSWERS that go far beyond a text book understanding.



Experience first hand how to empower yourself when problem behavior occurs. Gain an understanding of your role as parent or teacher and how your communication style impacts your children. Discuss what families and professionals really need today to help children on the spectrum, and see video examples of ASD individuals and parents and professionals at work with these families.

Dr. Goresko is a national speaker on autism and an accomplished educator with more than 20 years experience directing and teaching in prominent schools and colleges. She has presented numerous professional trainings and workshops on the topics of: Autism and RDI, Building Social Relationships with Children with ASD, and Building Effective Communication at Home and at School.

WORKSHOP OBJECTIVES:

- Understand how and why problem behaviors occur.
- Gain personal insights of your own strengths and challenges.
- Learn how communication impacts behavior and how to become a better communication partner.
- Understand why it is essential to maintain a Guide/Apprentice relationship.
- List specific tools and techniques to help improve adult/child collaboration.
- Recognize and utilize behavioral support techniques vs. behavioral management ones.
- Understand why it is critical to let go of the power struggle and arrive at win-win situations.
- Be able to go home or back to school and use techniques learned today.
- Recognize behavior support vs. behavior management and learn how to encourage the behavior you want to reinforce.
- Create your own plan of action.

DATES AND TIMES:

**FOR PROFESSIONALS
Friday, Oct. 16th, 2009**

**FOR PARENTS
Sat., Oct. 17th, 2009**



FEES:

\$125 for Professionals
\$95 for Parents (per person)
\$85 Para Professionals

**Certificate of Attendance
will be issued**

Who Should Attend these Workshop?

Teachers

Parents

OT's

SLP's

PT's

Nurses

Social Workers

Registration is limited. First come first served.

Payment: We accept cash, check or credit card. Make check payable to "Stacy Goresko, Ph.D." Send registration form and payment to Stacy Goresko, Ph.D., 8083 Meadowdale Square, Niwot, Colorado, 80503. For credit card payment, visit www.help-autism.com. Click on the link, "Pay For Services or Classes." Only completed, properly signed, and dated form accompanied by full payment will be processed. No refunds will be given*. Registration deadline, Friday, October 9th, 2009.

***Refund Policy:** You may cancel by email up to eight days before the your session begins and you will be reimbursed 75% of the full fees.

Contact: Dr. Stacy Goresko
720 290-2707 or stacy@help-autism.com

Mail Registration Form to: Dr. Stacy Goresko
8083 Meadowdale Square, Niwot, CO 80503

Location of Seminar: The Autism Society of CO.,
550 S. Wadsworth Blvd., Suite 100, Lakewood, CO.
80228 (in the First Bank building - basement floor)



PROFESSIONAL WORKSHOP
DATE AND TIME:

Friday, October 16, 2009
9:00AM to 4:00PM

PARENT/GRANDPARENT WORKSHOP
DATE AND TIME:

Saturday, October 17th, 2009
9:00AM to 4:00PM



REGISTRATION FORM - OCTOBER 16th or 17th, 2009

"Resolving Chronic Behavior Problems at Home and at School"

DATE ATTENDING: OCTOBER 16TH _____ OCTOBER 17TH _____ (**PLEASE PRINT!**)

Parent/Adult #1 (primary contact) _____ **Home #** _____

Mailing Address: (street) _____ **Cell #** _____

City _____ **Zip** _____ **E-mail** _____

Parent/Adult#2 _____ **Home #** _____

Cell # _____ **E-mail** _____

Name of Child on Spectrum _____ **M** ___ **F** ___ **Age** ___ **Date of Birth** _____

Brief Description of Child (if applicable) _____

Professional Occupation (for professionals in ASD) _____

Form of Payment: ___ Cash: ___ Check: ___ Credit (go to www.help-autism.com)

Consent: I have read and agreed to the information and policies listed and agree to the above terms:

Name: (Print) _____ **Signature:** _____ **Date:** _____