FREE two day workshop and information sessions for PARENTS/CARERS of school age students on the autism spectrum

Workshop: 2013QLDPC5   Location: Maroochydore

The Positive Partnerships initiatives have been developed and delivered by Partnerships between Education and the Autism Community (PEAC) and funded by the Australian Government Department of Education, Employment and Workplace Relations through the Helping Children with Autism package.

What will you learn?
As a result of participating in the workshops and information sessions as parents/carers you will gain:

- a greater understanding of the impact of autism on your child, both at school and at home
- knowledge about how to develop effective parent, school and teacher partnerships
- specific strategies on how to:
  • advocate for your child
  • support your child’s participation at school
  • develop an awareness of ongoing learning needs
  • information about your local school system’s processes
- opportunities to network and share strategies with other parents/carers and key community members
- opportunities for discussion around a range of topics relevant to students with an ASD and their families

Some key community representatives that support families living with autism will be identified and invited to participate in the workshop with a view to supporting a community focus beyond the workshop.

Workshop details
Venue: Maroochy RSL
Memorial Avenue, Maroochydore QLD 4558

When: Two day workshop – Wednesday 24 & Thursday 25 July 2013
Day 1: 9.00 a.m - 4.30 p.m (Registration from 8.15am)
Day 2: 9.00 a.m - 3.30 p.m

Registration opens Wednesday 12 June 2013, and closes 2 days prior.
Registration may stay open until one day before the workshop if spaces are still available, but we strongly recommend that you register as soon as possible.
You will receive a confirmation of your registration.
Online registrations preferred: please go to the website www.positivepartnerships.com.au.

Only complete the following form if you do not have access to the internet and fax or mail to:
Fax: 02 9451 9661; Mail: Positive Partnerships, ASPECT, PO Box 361, Forestville  NSW  2087

Positive Partnerships Info Line number: 1300 881 971
FREE two day workshop and information sessions for PARENTS/CARERS of school age students on the autism spectrum

Registration Form

To Register please go to the website www.positivepartnerships.com.au
Only complete the following form if you do not have access to the internet.

This form allows you to register to attend the Parent/Carer Workshops and some information sessions
Each person attending must complete their own form even if from the same family.

The locations and dates for each of the Parent/Carer Workshops and Information Sessions were chosen through a collaborative planning process in each state and territory.

For more information, please contact parentcarer@autismspectrum.org.au or call 1300 881 971

The following information will help the Positive Partnerships facilitators best support you during the workshop


CONTACT INFORMATION
Title: □ Mr □ Mrs □ Ms □ Prof □ Dr. □ Other: ________________________________
First Name: __________________________ Last Name(s): __________________________
Email 1: ___________________________ (for confirmation and reminders)
Email 2: ___________________________ (for confirmation and reminders)
Mailing address: __________________________

City/Suburb: __________________________ State: _________ Postal Code: __________
Phone (daytime): ( ) __________________________ Phone (home): ( ) __________________________
Mobile Phone: __________________________
Access to internet: □ At home  □ At work  □ At home and work
Computer internet skills: □ Low □ Moderate □ High

How many children with a diagnosis of Autism Spectrum do you have/care for:
□ Zero □ One □ Two □ Three or more

What type of educational program is your child/are your children receiving?
□ Mainstream with support □ Autism specific special class □ Non autism specific special class
□ Autism specific special school □ Special school □ Other

Diagnosis: □ Autistic Disorder □ Rett’s Disorder □ Childhood Disintegrative Disorder □ Asperger’s Disorder
□ Pervasive Developmental Disorder NOS □ Atypical autism □ Autistic Characteristics □ No Diagnosis
□ Other

GENERAL INFORMATION
The following information will help the Positive Partnerships facilitators best support you during the workshop.

Please answer by ticking (✓) the appropriate box
1. Are you □ Male? □ Female?
2. Would like to attend the workshop as □ Parent? □ Grandparent? □ Fulltime Carer?
3. How did you hear about the workshop?
   □ Media  □ School  □ Autism Organisation  □ Friend  □ Other ________________________________

4. Have you attended a Positive Partnerships workshop before?  □ Yes  □ No

5. Have you attended an Early Days workshop before?  □ Yes  □ No

6. Are there any additional supports that would assist you at or beyond the workshop?
   □ Interpreter required – language______________ □ Support accessing online resources
   □ Translation of information – language______________ □ Literacy support  □ Other: ____________

7. Do you identify with any of the following groups?
   □ Aboriginal or Torres Strait  □ Culturally and Linguistically Diverse Communities
   □ Regional or Remote Community

ATTENDANCE
For catering purposes, please indicate which days you will attend
Attending Day 1:  □ Yes  □ No  Attending Day 2:  □ Yes  □ No

DIETARY REQUIREMENTS
Please indicate if you have any dietary requirements
□ Vegetarian  □ Vegan  □ Gluten free  □ Halal  □ Kosher  □ No nuts
□ No red meat  □ No dairy products  □ Other: ________________________________

INFORMATION SESSIONS
ON DAY TWO a number of information sessions will be conducted.
The following information is able to assist the Positive Partnerships Team to plan effectively for Day 2
Please indicate three areas of interest:
Sessions to choose from:
Completing work  Making Friends  Communication
Managing Everyday Transitions  Bullying  Siblings
Understanding Behaviour  Sexuality, Personal Hygiene & Safety
Preference One:   _______________________________  Preference Two:   _______________________________
Preference Three: _______________________________

CHILD INFORMATION
Please fill out the required information for each of your children who are on the Autism Spectrum. Please include the age group, the school name and the school address. These details will be used to prepare the information presented during the workshop.

YOUR REGISTRATION CAN NOT BE ACCEPTED UNLESS YOU COMPLETE THIS INFORMATION.
How many children with ASD do you have? ____________

<table>
<thead>
<tr>
<th>Child no. 1 (REQUIRED)</th>
<th>Child no. 2</th>
<th>Child no. 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:  (please tick ✓)</td>
<td>Age:  (please tick ✓)</td>
<td>Age:  (please tick ✓)</td>
</tr>
<tr>
<td>□ Under 5  □ 5-8</td>
<td>□ Under 5  □ 5-8</td>
<td>□ Under 5  □ 5-8</td>
</tr>
<tr>
<td>□ 9-13   □ 14-18</td>
<td>□ 9-13   □ 14-18</td>
<td>□ 9–13   □ 14-18</td>
</tr>
</tbody>
</table>

School:________________________  School:________________________  School:________________________

How many years is it since your child’s diagnosis?
□ no formal diagnosis yet
□ less than two years
□ more than two years
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□ less than two years
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