

Free two day workshop and information sessions
for **parents and carers** of school age children on the autism spectrum

Workshop: 2015QLDPC4

Location: Cairns

Like all school-age students, children with autism spectrum disorder benefit from strong, positive relationships between the home and school. Positive Partnerships uses evidence based materials and practical resources to help support these relationships by facilitating workshops for parents and carers.

What will you learn?

When you come along to a Positive Partnerships workshop, you will:

- Develop a greater understanding of the impact of autism on your child, both at school and at home
- Understand how to develop effective parent, school and teacher partnerships
- Learn specific strategies that will help you:
 - advocate for your child
 - support your child's participation at school
 - develop an awareness of ongoing learning needs
- Receive information about your local school system's processes
- Have the opportunity to network and share strategies with other parents/carers and key community members
- Have the opportunity to discuss a range of topics relevant to students with ASD and their families

People who work to support families living with autism in your community will also be invited to take part with the goal that there is an ongoing community focus beyond the workshop.

Workshop details

Venue: Rydges Esplanade Resort
209 – 217 Abbott Street, Cairns QLD 4870

When: **Two day workshop** – Tuesday 16 & Wednesday 17 June 2015 – follow up session is on Wednesday 22 July 2015

Day 1: 9.00 am - 4.30 pm (Registration from 8.15 am)

Day 2: 9.00 am - 3.30 pm

Registration available from Tuesday 5 May 2015 and closes two days prior.

We strongly recommend you register as soon as possible to secure your place. You will receive confirmation of your registration.

Online registrations are preferred directly through our secure website www.positivepartnerships.com.au

Only complete the following form if you do not have access to the internet. Return the completed form to:

Email: parentcarer@autismspectrum.org.au

Mail: Positive Partnerships, ASPECT, PO Box 361, Forestville NSW 2087

Fax: 02 9451 9661

Phone the Positive Partnerships Infoline if you have any enquiries: 1300 881 971



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Registration Form

To register please visit 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

Code: 2015QLDPC4 Location: Cairns Date: Tuesday 16 & Wednesday 17 June 2015

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 (day): (____) _____ 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:

None One Two Three or more

What type of educational program is your child(ren) 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

To help the Positive Partnerships facilitators best support you during the workshop.

Please answer by placing a cross in 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. **Do you need additional support at the workshop? If so, please indicate the support you need: (Note: this refers to support for yourself at the workshop not your child)**
 Interpreter required – language: _____ Literacy support with written material
 Translation of information – language _____ Vision or hearing
7. **Do you identify with or belong to any of the following groups?**
 Aboriginal or Torres Strait Islander community A culture with a first language other than English

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 No nuts
 No red meat No dairy products Other: _____

Information sessions

On **day two** a number of information sessions will be conducted.

To assist the Positive Partnerships Team to plan effectively for day two, please indicate **two areas** of interest:

Sessions to choose from: Please answer by placing a cross ☒ in the two appropriate boxes

- Completing work Making Friends Communication
 Managing Everyday Transitions Bullying Siblings
 Understanding Behaviour Sexuality, Personal Hygiene & Safety

Child Information

Please fill out the required information for each of your children who are on the Autism Spectrum.

Please include age group, school name and school address.

This will be used to prepare the information presented during the workshop.

YOUR REGISTRATION CANNOT BE ACCEPTED UNLESS YOU COMPLETE THIS INFORMATION.

How many children with ASD do you have? _____

<p>Child no. 1 (REQUIRED)</p> <p>Age: (please check ☒)</p> <p><input type="checkbox"/> Under 5 <input type="checkbox"/> 5-8 <input type="checkbox"/> 9-13 <input type="checkbox"/> 14-18</p> <p>School: _____</p> <p><i>How many years is it since your child's diagnosis?</i> _____</p> <p><input type="checkbox"/> no formal diagnosis yet <input type="checkbox"/> less than two years <input type="checkbox"/> more than two years</p>	<p>Child no. 2</p> <p>Age: (please check ☒)</p> <p><input type="checkbox"/> Under 5 <input type="checkbox"/> 5-8 <input type="checkbox"/> 9-13 <input type="checkbox"/> 14-18</p> <p>School: _____</p> <p><i>How many years is it since your child's diagnosis?</i> _____</p> <p><input type="checkbox"/> no formal diagnosis yet <input type="checkbox"/> less than two years <input type="checkbox"/> more than two years</p>	<p>Child no. 3</p> <p>Age: (please check ☒)</p> <p><input type="checkbox"/> Under 5 <input type="checkbox"/> 5-8 <input type="checkbox"/> 9--13 <input type="checkbox"/> 14-18</p> <p>School: _____</p> <p><i>How many years is it since your child's diagnosis?</i> _____</p> <p><input type="checkbox"/> no formal diagnosis yet <input type="checkbox"/> less than two years <input type="checkbox"/> more than two years</p>
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Education Sector

- Department of Education Catholic
 Independent Other _____

