

Riverside Training Centers
as part of the Region 1 DD Training Co-op, offers:
Down Syndrome & Aging



Instructor: Lori Thompson, LCSW

Date: Friday, April 19, 2013

Time: 9:00 am—12:00 pm

Location: Columbia River PUD
64001 Columbia River Hwy
Deer Island, OR 97054

Directions: From Portland — Highway 30 (towards Longview/Astoria) for approximately 30 miles. CRPUD is located on the west side of the highway. Make a left—go approximately 30 feet left into the parking around to the other side of the building. Meeting Room door is located on the south side of the building.

Note: after leaving the town of Columbia City and crossing the railroad tracks you are approximate 1½ miles from the PUD.

Cost: \$25 per person (Co-Op member rate)*

* -Member agency affiliates/staff, DD foster providers, and family member of people case managed by Multnomah, Clackamas, Washington, Clatsop, or Columbia County DD may pay member rates. But rate **DOUBLES** if no Co-Op Member/Agency affiliation.

Course Description:

This class covers major issues associated with the aging process for individuals with Down Syndrome. Participants will learn about common medical, psychiatric, adaptive, and cognitive issues often overlooked or incorrectly diagnosed. Differential causes of functional decline will assist caregivers in supplying information to medical professionals and behavior consultants to assist in accurate diagnostic processes. Learn the hallmarks of dementia and how they are frequently confused with other medical or behavioral conditions. Learn how people providing direct support can make the most invaluable observations on a day to day basis.

To Register: Use form below. Send check or money order (no cash or credit cards accepted) to:

Riverside Training Centers
Attn: Cindy Matzen
PO Box 280
St Helens, OR 97051

Questions: Please contact Carrie Salehiamin, 503.397.1922 ext 204, or carrie.salehiamin@riversidecenters.com



Registration & Payment Form
Down Syndrome & Aging
April 19, 2013

Name: _____ Phone: _____

E-mail: _____

Agency/Provider: _____

Address: _____

City/Zip: _____

Training Co-op Member? Yes No (fee **DOUBLES** for non-members*)

Amount Enclosed: _____

Please send this registration form and check payable to **Riverside Training Centers, Inc.**

Mail to: Riverside Training Centers, Inc, Attn: Cindy Matzen, PO Box 280, St Helens, OR 97051