

Clatsop Behavioral Healthcare Developmental Disability Program,
as part of the Region 1 DD Training Co-Op, offers:

Fetal Alcohol Spectrum Disorders

Presenter: Lori Thompson, MS Ed

Date: Monday, August 14, 2017

Time: 1:00 pm - 4:00 pm

Location: Judge Guy Boyington Bldg, 857 Commercial St., Astoria, Oregon 97103

Cost: \$25.00/person (Co-Op member rate)

* Member agency affiliates/staff, DD foster providers & family members 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:

~Did you know that FASD is the leading cause of I/DD in the world?

~Did you know that Fetal Alcohol Spectrum Disorders (FASDs) are a group of conditions that can occur in a person exposed to alcohol in utero?

~Did you know that alcohol consumed during pregnancy increases the risk of alcohol related birth defects, including growth deficiencies, facial abnormalities, central nervous system impairment, behavioral disorders, and impaired intellectual development?

~Ms. Lori Thompson, MS Ed, has over 30 years experience working in the field of developmental disabilities. This class will teach participants what to watch for and strategies that are most effective when dealing with FASD within a family setting, foster home environment, group home and/or day program.

AFH Credit Pending

Questions? Contact Carole Purtle: (503)325-0241 x265

Co-Op classes are self-funded & rely on advance registration or may be cancelled if unable to reach minimum enrollment. If cancelled, all registered will be notified. For more Co-Op classes & member info: www.DisabilityCompass.org under "Region 1 DD Training Co-Op Information" on main page.



REGISTRATION & PAYMENT:

Fetal Alcohol Spectrum Disorders, August 14, 2017

Name(s)	Phone Number	E-mail
Agency/Provider	Foster Home? <input type="checkbox"/> Y/ <input type="checkbox"/> N	Mail address
Training Co-op member? <input type="checkbox"/> Y/ <input type="checkbox"/> N (Fee DOUBLES for non-members*)	City	State/ZIP
Enclosed \$ _____		

Please send this registration form and check payable to "CBH DD" to: **Clatsop Behavioral Healthcare, DD Program, Attn: Carole Purtle, 65 N. Hwy 101, Suite 204, Warrenton, OR 97146.**