

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](http://www.DisabilityCompass.org) under "Region 1 DD Training Co-Op Information" on main page.



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## **REGISTRATION & PAYMENT:**

Fetal Alcohol Spectrum Disorders, August 14, 2017

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