**SL Start LLC, as part of the Region 1 DD Training CO-OP, offers: OIS - G**

***Instructor: Rebecca Crane, MA, QMHP***

***Dates: Wednesday, April 4th & Thursday, April 5th***

***Time: 9:30am – 5:00pm (Both days)***



***Class Location: East Portland Police Precinct***

 ***737 SE 106th Ave.***

 ***Portland, OR 97216***

***Cost: per registrant $95/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 (except for OIS and HCR classes).

***Course Description: OIS is an intensive training/certification program and process for implementing Positive Behavior Support and safe intervention when addressing challenging behavior. This two day class focuses on supports for adults and children with intellectual and developmental disabilities in the home or community.***

Most Region 1 I/DD Training CO-OP classes are previously approved topics and trainers geared to the informational needs of direct care professionals supporting individuals with Intellectual or Developmental Disabilities in settings including, but not limited to, AFH-DD's see application in forms.

***To register: Online at:*** [***https://www.slstartoregon.com/training***](https://www.slstartoregon.com/training) ***- or- Use form below. Send check or money order (no cash nor credit cards) to:***

***Agency name, SL Start LLC, 542 SE 119th Ave. Portland, OR 97216***

***Questions? Contact: Ken Hanson, (503)954-7968*** ***khanson@embassyllc.com***

![MC900129382[1]]()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.SDRI-pdx.org/CO-OP*](http://www.DisabilityCompass.org).

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**REGISTRATION & PAYMENT FORM: *(INSERT CLASS NAME & DATE HERE)***

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**Name(s) Phone Number E-Mail**

**Agency/Provider Foster Home?** 🞏 **Y /** 🞏 **N**

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**Mailing address City State ZIP**

**Training CO-OP member?** 🞏**Y /** 🞏**N (Fee DOUBLES for non-members\*) Enclosed $ \_\_\_\_\_**