

Access Ability LLC, as part of the Region 1 DD Training Co-Op, presents:

***The Autistic Perspective Series, Part 1 of 3:***

***“Autism: It’s Not (Always) What You Think”***

Instructor: **Andee Joyce**

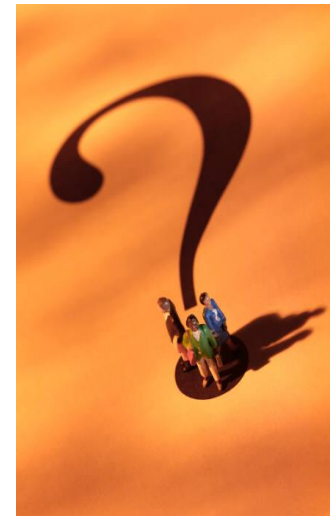
Date: **Monday, April 23, 2018**

Time: **11 am to 1 pm** (please arrive 10 minutes early to find a seat)

Please bring your lunch if you’d like, we’ll provide coffee and tea

**Class Location: Community Room, East Precinct Police 737 SE 106<sup>th</sup>**

**Portland, OR 97216** NOTE: Parking is available in the lot across the street.



**Cost: \$25/person at 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. Rate DOUBLES to \$50 if no Co-Op Member/agency affiliation.*

**Course Description: In part one of this 3-part series, Andee Joyce – a self-advocate on the autism spectrum – will discuss myths, assumptions, and realities about autism. Among topics covered will be sensory issues, executive functioning, acquiring life skills “autistic-style,” and specific issues regarding people first diagnosed with an autism spectrum condition in adulthood. Andee has published numerous essays on autism and is the first person on the spectrum to serve on the Oregon Council on Developmental Disabilities as well as the first to take part in Oregon Partners in Policymaking. She has also worked as a caregiver for other adults with developmental disabilities.**

***This class is approved for 2 hours of AFH training credit.***

**Please send registration and payment by April 10, 2018.**

Questions? Contact Jane at: jane.rake@gmail.com

**Co-Op info: All classes are self-funded & rely on advance registration. If class is cancelled by host agency or instructor, all registrants will be notified and refunds issued. Cancellation by student for refund must be made at least 10 working days before class. Refunds will not be made for no-shows or cancellation without 10 days advance notice.**

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REGISTRATION & PAYMENT FORM: ***The Autistic Perspective: Part 1, April 23, 2018***

**PLEASE PRINT CLEARLY:**

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Registrant Name(s) Phone Number E-mail (required)

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Agency/Provider Mailing address City State/ZIP

Training Co-Op member? Y / N (Fee DOUBLES for non-members\*) Amount Enclosed \$ \_\_\_\_\_

Please send this registration form and check or money order **payable to Access Ability, LLC** to:  
**Access Ability, 3142 NE 45<sup>th</sup> Avenue, Portland, OR 97213**