

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

Exploring the New Behavior Rule and What It Means at Home

Instructor: **John Mushlitz, Jr, MAEd**

Date: **Monday, June 4, 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 106th

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: This two-hour class will teach participants the new administrative rules about behavior consultation that went into effect in December 2017. It will focus on how to find and utilize existing certified behavior professionals, the timeline for completion of plan, as well as how the new payment system (eXPRS) will be used for payment. In summary, under the new rule, behavior professionals are under a tight timeline and families need to understand how to work with behavior professionals to have a successful and timely outcome for behavior supports.

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

Please send registration and payment by May 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.

REGISTRATION & PAYMENT FORM: Exploring the New Behavior Rule, and What It Means at Home, 11 am to 1 pm June 4, 2018

PLEASE PRINT CLEARLY:

Registrant Name(s)

Phone Number

E-mail (required)

Agency/Provider

Mailing address

City State/ZIP

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

Please mail this registration form and check or money order **payable to Access Ability, LLC** to:

Access Ability, 3142 NE 45th Avenue, Portland, OR 97213