

**Portland Parks and Recreation as part of the Region 1 I/DD Training Co-Op, offers:**

**“Trauma Education: Science, Hope & Healing”**

**Instructor: Shauna Signorini**

**Date: Monday, May 20, 2019**

**Time: 9:00 am to 12:00 noon**

**Class Location: East Portland Police Precinct**

**737 SE 106<sup>th</sup> Ave, Portland, Oregon / off of I-205 and Stark or Washington. Free parking.**



**Cost: per registrant \$25/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:** Shauna Signorini will be presenting on how the toxic stress and trauma can affect early development. You will be shocked at how common this really is affecting our children. Learn about the groundbreaking "Adverse Childhood Experience Study", the incredible power of resilience, and what you can do to help rebuild the brain of a child who has experience trauma.

**To Register:**

**Option 1: register on line at [WWW.PortlandParks.org](http://WWW.PortlandParks.org) Course # 1107251**

**Option 2: Call 971-284-1867. with credit card.**

**Option 3: Use form below. Send check or money order to: Portland Parks & Recreation, 305 NE 102<sup>nd</sup> Ave. Suite 250. Portland, Or. 97220**

**Questions- Dawn Hubbard 971-284-1867, [dawn.hubbard@portlandoregon.gov](mailto:dawn.hubbard@portlandoregon.gov)**

*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.sdri-pdx.org/co-op). Adult Foster Care ACCREDITED.*



**REGISTRATION & PAYMENT FORM: Trauma Education: Monday, May 20, 2019 9am -12 noon # 1107251**

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

Please send this registration form and check payable to **“Portland Parks and Recreation”**,  
Attn: Dawn Hubbard, 305 NE 102<sup>nd</sup> Ave Suite 250, Portland, Or. 97220