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

*Implementing Positive Behavior Supports*

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

Date: **Friday, May 17, 2019**

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 Portland Police Bureau, 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 is a two-hour class on the different components of a positive behavior support plan and implementation of those components. Topics covered will include: Understanding what positive behavior supports are, based on current theory and research; implementation of proactive strategies as outlined in a positive behavior support plan; how and when to implement the reactive strategies in a positive behavior support plan; understanding and implementing crisis supports; data—types of data, negotiating. Also included will be links to behavioral professionals and relevant OAR’s. Questions and class discussion will be encouraged throughout class.

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

**Please send registration and payment by May 3, 2019.**

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:

**Implementing Positive Behavioral Supports, 11 am to 1 pm May 17, 2019**

**PLEASE PRINT CLEARLY:**

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Registrant Name(s) Phone Number E-**m**ail (**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 mail this registration form and check or money order **payable to Access Ability, LLC** to:

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