

Abilities at Work, with the Region 1 I/DD Training Co-Op, offers:

“Brain Function”

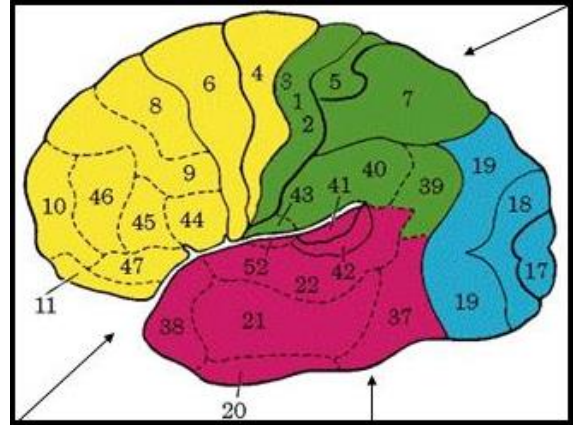
INSTRUCTOR: Kelley Gordham

DATE: Tuesday, June 4th 2019

TIME: 9:00am – 4:00 pm

LOCATION: DHS Bldg. 11826 NE Glisan St.
Portland, Or. 97224 RM #1

****Enter on the training center side of this building, it's the entrance closest to the giant rose on the building. It is restricted access so the doors will be locked, but someone will be here to let you in.**



COST: \$35**/person (Co-Op member rate)*

** Member agency affiliates/staff, DD foster providers & family members of people case managed by Multnomah, Clackamas, Clatsop or Columbia County DD may pay member rates. But rate may DOUBLE if participant has no Co-Op Member/agency affiliation. Unsure? Ask host (non-member rates are rare).*

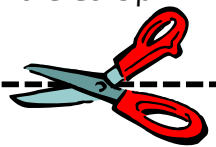
COURSE DESCRIPTION: Class will assist participants to understand critical brain function as it applies to people with developmental and intellectual disabilities. Brain trauma, disease or insults are especially common in those we serve. Becoming familiar with the parts of the brain most often affected should be very helpful to provide or strategize the best treatment approaches for individuals. (AFC Training Credit PENDING)

TO REGISTER: Use form below. Send check or money order (NO CASH OR CREDIT CARDS) to:

Abilities at Work: 134 SE 5th Ave. Ste. D Hillsboro, OR. 97123 (Attention: Enola Smith)

QUESTIONS? Mary Jo Kessinger, 503.774.1667 or maryjok@abilitiesatwork.org is the Host Contact for this class. Co-Op classes are self-funded & rely on advance registration or may be cancelled if unable to reach minimum enrollment. If cancelled, all registered people or organizations will be notified. For more Co-Op classes & member information: www.SDRI-pdx.org/Co-Op

REGISTRATION & PAYMENT FORM: BRAIN FUNCTION 6/4/2019



Name/s _____ Phone Number _____ E-mail _____

Agency/Provider Foster Home? ☐Y/☐N _____ Mail address _____ City _____ State/ZIP _____

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

Please send this registration form and check payable to “Abilities at Work”:

Abilities at Work: 134 SE 5th Ave. Ste. D Hillsboro, OR. 97123