

Community Vision, as part of the Region 1 DD Training CO-OP, offers:

Collabrative Problem Solving



Instructor: Randi Cooper, M.Ed.

Date: Friday, September 6th 10am-2pm

Class Location: Community Vision 2475 SE Ladd Ave, Portland, OR 97214

To get there: Were located on the corner of SE 20th & Division (street parking)

Cost: per registrant \$30/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 (except for OIS and HCR classes).

Course Description:

- Learn to apply Collaborative Problem Solving, an evidence-based, strength-based, trauma-informed, neurobiologically-grounded model to your work
- Practice Skills through didactic lectures, role-playing, video, case examples, and break-out groups

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

Most Region 1 I/DD Training CO-OP classes are previously approved topics and trainers geared to the informational needs of direct care professionals supporting individuals with Intellectual or Developmental Disabilities in settings including, but not limited to, AFH-DD's see application in forms.

**To register: Use form below. Send check or money order (no cash nor credit cards) to:
Community Vision, Attn. Edwin Miranda 2475 SE Ladd Ave, Suite 240 Portland, OR 97214**

Questions? Contact: Edwin Miranda 503-292-4964 x105 emiranda@cvision.org

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 and refunded. Student cancellations when notified at least 10 working days ahead of class will be refunded. There are no refunds for no-shows or lack of advance notice. For more CO-OP classes & member info: www.SDRI-pdx.org/CO-OP.

REGISTRATION & PAYMENT FORM: COLLABORATIVE PROBLEM SOLVING September 6th 2019 10am-2pm

Name(s)	Phone Number	E-Mail
Agency/Provider	Foster Home? <input type="checkbox"/> Y / <input type="checkbox"/> N	Mailing address
ZIP		City State

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

Please send this registration form and check payable to:

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