

Workshop Selection

Please check the appropriate box indicating which activities & workshops you wish to attend. Only select one workshop for each time slot.

7:30-8:30am

Registration

8:30-10:00am

Legislative Breakfast- Meet Your Elected Officials

10:15-11:30 ->

Pick one from 3

The ABCs of Behavior Interventions: The Latest Techniques to Manage Behavior in School, the Community and at Home Including the Latest in Computer Technology for Individuals with ASD.

Show Me the Money: Alternative Employment and Home-Based Business Opportunities for Parents of Special Needs Children.

From Anguish to Advocacy: What Every Parent Needs to Know to Advocate for Services from School Districts and Regional Centers.

11:30-12:30pm

Lunch

12:30-1:45 ->

Pick one from 3

Lets Talk About It: Increasing Language and Communication Skills for Children and Adults with ASD and Speech & Language Delays.

It's a Family Affair: Managing Stress, Creating Harmony with Siblings and Maintaining a Happy Marriage/Relationship While Raising a Disabled Child.

Lets Get Creative: Alternative Funding Sources for Therapies, Recreational Activities and Private Schools for Individuals with Special Needs.

2:00-3:30 ->

Pick one from 3

Make New Friends: Developing Social Skills for Children, Adolescents and Individuals with ASD.

The Skinny on Jenny's Diet: Exploring the Myths and Realities of Diets, Medications and Other Forms of Treatment for ASD.

Advanced Advocacy: How to Access Social Security Benefits, Private Insurance Reimbursements and In-Home Supportive Services for Individuals with Disabilities.

3:30-4:30pm

Book Signing with Dr. Barbara Firestone

Featuring her newly released book, *Autism Heroes*

Name(s) _____

Address _____

Phone _____ Email _____

Parent Educator Care Provider Other

I require a Spanish Interpreter Y / N I Attended Last Year Y / N

If parent of child with special needs, please complete the following questions:

1. Is child a regional center consumer Y / N

2. If yes, which regional center _____

3. Will you be needing child care for the conference Y / N

a) Name of Child _____ Age _____ Diagnosis _____

b) Name of Child _____ Age _____ Diagnosis _____

c) Name of Child _____ Age _____ Diagnosis _____

d) Name of Child _____ Age _____ Diagnosis _____

To Register Call
323.295.8358
or Visit
www.specialneedsnetwork.net