

FREE two day workshop and information sessions for PARENTS/CARERS of school age students on the autism spectrum

Workshop: 2013NSWPC15 Location: Bathurst

The Positive Partnerships initiatives have been developed and delivered by Partnerships between Education and the Autism Community (PEAC) and funded by the Australian Government Department of Education, Employment and Workplace Relations through the Helping Children with Autism package.

What will you learn?

As a result of participating in the workshops and information sessions as parents/carers you will gain:

- a greater understanding of the impact of autism on your child, both at school and at home
- knowledge about how to develop effective parent, school and teacher partnerships
- specific strategies on how to:
 - advocate for your child
 - support your child's participation at school
 - develop an awareness of ongoing learning needs
- information about your local school system's processes
- opportunities to network and share strategies with other parents/carers and key community members
- opportunities for discussion around a range of topics relevant to students with an ASD and their families

Some key community representatives that support families living with autism will be identified and invited to participate in the workshop with a view to supporting a community focus beyond the workshop.

Workshop details

Venue: Bathurst Convention & Function Centre
Corner Howick & Peel Streets, Bathurst NSW 2795

When: **Two day workshop – Wednesday 20 & Thursday 21 November 2013**

Day 1: 9.00 a.m - 4.30 p.m (**Registration from 8.15am**)

Day 2: 9.00 a.m - 3.30 p.m

Registration opens Wednesday 9 October 2013 and closes 2 days prior.

Registration may stay open until one day before the workshop if spaces are still available, but we strongly recommend that you register as soon as possible.

You will receive a confirmation of your registration.

Online registrations preferred: please go to the website www.positivepartnerships.com.au.

Only complete the following form if you do not have access to the internet and fax or mail to:

Fax: 02 9451 9661; Mail: *Positive Partnerships, ASPECT, PO Box 361, Forestville NSW 2087*

Positive Partnerships Info Line number: 1300 881 971



Australian Government

**Department of Education, Employment
and Workplace Relations**

peac
Partnerships between Education
and the Autism Community

Autism Spectrum Australia (Aspect)
Autism SA
Autism Queensland
Flinders University SA
www.positivepartnerships.com.au

FREE two day workshop and information sessions for PARENTS/CARERS of school age students on the autism spectrum

Registration Form

To Register please go to the website www.positivepartnerships.com.au

Only complete the following form if you **do not** have access to the internet.

This form allows you to register to attend the Parent/Carer Workshops and some information sessions
Each person attending must complete their own form even if from the same family.

The locations and dates for each of the Parent/Carer Workshops and Information Sessions were chosen through a collaborative planning process in each state and territory.

For more information, please contact parentcarer@autismspectrum.org.au or call **1300 881 971**

The following information will help the Positive Partnerships facilitators best support you during the workshop

Code: 2013NSWPC15

Location: Bathurst

Dates: Wed 20 & Thurs 21 Nov 2013

CONTACT INFORMATION

Title: Mr Mrs Ms Prof Dr. Other: _____

First Name: _____ Last Name(s): _____

Email 1: _____ (for confirmation and reminders)

Email 2: _____ (for confirmation and reminders)

Mailing address: _____

City/Suburb: _____ State: _____ Postal Code: _____

Phone (daytime): () _____ Phone (home): () _____

Mobile Phone: _____

Access to internet: At home At work At home and work

Computer internet skills: Low Moderate High

How many children with a diagnosis of Autism Spectrum do you have/care for:

Zero One Two Three or more

What type of educational program is your child/are your children receiving?

Mainstream with support Autism specific special class Non autism specific special class

Autism specific special school Special school Other

Diagnosis: Autistic Disorder Rett's Disorder Childhood Disintegrative Disorder Asperger's Disorder

Pervasive Developmental Disorder NOS Atypical autism Autistic Characteristics No Diagnosis

Other

GENERAL INFORMATION

The following information will help the Positive Partnerships facilitators best support you during the workshop.

Please answer by ticking (✓) the appropriate box

1. Are you Male? Female?

2. Would like to attend the workshop as Parent? Grandparent? Fulltime Carer?

3. How did you hear about the workshop?
 Media School Autism Organisation Friend Other _____
4. Have you attended a Positive Partnerships workshop before? Yes No
5. Have you attended an Early Days workshop before? Yes No
6. Are there any additional supports that would assist you at or beyond the workshop?
 Interpreter required – language _____ Support accessing online resources
 Translation of information – language _____ Literacy support Other: _____
7. Do you identify with any of the following groups?
 Aboriginal or Torres Strait Culturally and Linguistically Diverse Communities
 Regional or Remote Community

ATTENDANCE

For catering purposes, please indicate which days you will attend

Attending Day 1: Yes No Attending Day 2: Yes No

DIETARY REQUIREMENTS

Please indicate if you have any dietary requirements

- Vegetarian Vegan Gluten free Halal Kosher No nuts
 No red meat No dairy products Other: _____

INFORMATION SESSIONS

ON DAY TWO a number of information sessions will be conducted.

The following information is able to assist the Positive Partnerships Team to plan effectively for Day 2

Please indicate three areas of interest:

Sessions to choose from:

- | | | |
|-------------------------------|--------------------------------------|---------------|
| Completing work | Making Friends | Communication |
| Managing Everyday Transitions | Bullying | Siblings |
| Understanding Behaviour | Sexuality, Personal Hygiene & Safety | |

Preference One: _____ **Preference Two:** _____

Preference Three: _____

CHILD INFORMATION

Please fill out the required information for each of your children who are on the Autism Spectrum. Please include the age group, the school name and the school address. These details will be used to prepare the information presented during the workshop.

YOUR REGISTRATION CAN NOT BE ACCEPTED UNLESS YOU COMPLETE THIS INFORMATION.

How many children with ASD do you have? _____

<p><u>Child no. 1 (REQUIRED)</u></p> <p>Age: (please tick ✓)</p> <p><input type="checkbox"/> Under 5 <input type="checkbox"/> 5-8 <input type="checkbox"/> 9-13 <input type="checkbox"/> 14-18</p> <p>School: _____</p> <p>How many years is it since your child's diagnosis?</p> <p><input type="checkbox"/> no formal diagnosis yet <input type="checkbox"/> less than two years <input type="checkbox"/> more than two years</p>	<p><u>Child no. 2</u></p> <p>Age: (please tick ✓)</p> <p><input type="checkbox"/> Under 5 <input type="checkbox"/> 5-8 <input type="checkbox"/> 9-13 <input type="checkbox"/> 14-18</p> <p>School: _____</p> <p>How many years is it since your child's diagnosis?</p> <p><input type="checkbox"/> no formal diagnosis yet <input type="checkbox"/> less than two years <input type="checkbox"/> more than two years</p>	<p><u>Child no. 3</u></p> <p>Age: (please tick ✓)</p> <p><input type="checkbox"/> Under 5 <input type="checkbox"/> 5-8 <input type="checkbox"/> 9--13 <input type="checkbox"/> 14-18</p> <p>School: _____</p> <p>How many years is it since your child's diagnosis?</p> <p><input type="checkbox"/> no formal diagnosis yet <input type="checkbox"/> less than two years <input type="checkbox"/> more than two years</p>
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