

Rethinking Autism:

"Making New Connections for Communication, Problem Solving, and Limit Setting"



Dr. Goresko

Friday, April 16, 2010 OKC - Saturday, April 17, 2010 Tulsa
Presented by Dr. Stacy Goresko,
National Speaker of Autism and RDI Program Certified Consultant

Dr. Goresko invites you to come and think outside the box about how you can connect with your child/student with ASD in creative ways that will bring about immediate change in your life. The goal of this presentation is for families and professionals to be able to learn and leave with skills in hand that will bring you closer together with your loved one with autism. You will receive an essential "how to" kit that will enable you to come up with real solutions that make your and your child's/student's life better, more connected, and easier!



Act now to register for this full day workshop to dramatically improve your understanding of this multifaceted disorder, taking your home-life, school life, or professional practice to the next level.

Dr. Goresko is a National Autism Speaker, RDI Program Certified Consultant, Director of the Help Autism Center, and a Mother of a child with Autism. Dr. Goresko is an accomplished educator with more than 20 years experience directing, teaching and consulting in prominent schools and colleges. She lives and practices in Boulder, Colorado.

WORKSHOP OBJECTIVES:

- Identify and define true autism and its common overlaps
- Know and describe the core deficits of Autism Spectrum Disorders (ASD).
- Learn more effective means to engage and communicate with individuals on the autism spectrum.
- Gain an understanding of the basic principles of Relationship Development Intervention (RDI®).
- Understand why it is essential to gain a "Mentor/Apprentice" relationship.
- Learn 30 things parents need you to know about their child with autism.
- Understand how and why problem behaviors occur.
- Recognize behavior support vs. behavior management and learn how to encourage the behavior you want to reinforce.
- Understand why it is critical to let go of the power struggle and arrive at win-win situations.
- Gain personal insights into your own strengths and challenges.
- List specific tools and techniques to improve your teaching, home, and/or your professional practices.
- Develop a mission statement and a plan of action.

DATES, TIMES, LOCATION:

See Next Page for
Specific
Details

**Registration
On Next Page**

REGISTRATION FEE:

\$125 for Professionals
\$95 for Parents (per person)
\$85 Para Professionals
**Certificate of Attendance
will be issued**

Who Should Attend these Workshop?

Teachers

Parents

OT's

SLP's

PT's

Nurses

Social Workers

Registration is limited. First come first served.

Payment: We accept cash, check or credit card. Make check payable to "Stacy Goresko, Ph.D." Send registration form and payment to Stacy Goresko, Ph.D., 8083 Meadowdale Square, Niwot, Colorado, 80503. For credit card payment, visit www.help-autism.com. Click on the link, "Pay For Services or Classes." Only completed, properly signed, and dated form accompanied by full payment will be processed. No refunds will be given*. Registration deadline, Friday, April 2nd, 2010.

***Refund Policy:** You may cancel by email up to eight days before the your session begins and you will be reimbursed 75% of the full fees.

Contact: Dr. Stacy Goresko
720 290-2707 or stacy@help-autism.com

Mail Registration Form to: Dr. Stacy Goresko
8083 Meadowdale Square, Niwot, CO 80503

Dates, Times and Location of Seminar:

Friday, April 16, 9am- 4pm
Francis Tuttle – Kay Martin Center/Reno Campus,
Room 1160B
7301 West Reno Ave, OKC 73127

Saturday, April 17, 9am- 4pm
6585 S Yale, Ste 410
Tulsa, OK, 74136



REGISTRATION FORM - APRIL 16 or 17, 2010

"Rethinking Autism..."

(**PLEASE PRINT!**) CHECK ONE - April 16 _____ April 17 _____

Parent/Adult #1 (primary contact) _____ Home # _____

Mailing Address: (street) _____ Cell # _____

City _____ Zip _____ E-mail _____

Parent/Adult#2 _____ Home # _____

Cell # _____ E-mail _____

Name of Child on Spectrum _____ M ___ F ___ Age ___ Date of Birth _____

Brief Description of Child (if applicable) _____

Professional Occupation (for professionals in ASD) _____

Form of Payment: ___ Cash: ___ Check: ___ Credit (go to www.help-autism.com)

Consent: I have read and agreed to the information and policies listed and agree to the above terms:

Name: (Print) _____ Signature: _____ Date: _____