

COMMUNITY VISION INC, as part of the Region 1 DD Training Co-Op, presents:

The Autistic Perspective Series, Part 2 of 3:

“Behavior is Communication”

Instructor: **Andee Joyce**

Date: **Friday, August 26, 2016**

Time: **12:30 p.m. to 2:30 p.m.** (arrive 10 minutes early to find a seat)

Class Location: **Portland Police Bureau: North Precinct Community Room,
449 NE Emerson St, Portland, OR 97211 (Near NE Killingsworth/NE MLK Jr Blvd.)**

NOTE: Do not park in fenced area of parking lot.



Cost: \$25/person at 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. Rate DOUBLES to \$50 if no Co-Op Member/agency affiliation.*

Course Description: In part two of this three-part series, Andee Joyce – a self-advocate on the autism spectrum – will discuss ways people on the spectrum let others know what they are thinking and feeling. Subjects discussed will include meltdowns and shutdowns, sensory integration issues, self-injury, how co-occurring developmental disabilities and mental health conditions complicate communication, and how to sort out what an autistic person’s behaviors might (or might not) mean. Andee has published numerous essays on autism and is the first person on the spectrum to serve on the Oregon Council on Developmental Disabilities and the first to take place in Oregon Partners in Policymaking. She has also worked as a caregiver for other adults with developmental disabilities.

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

Registrations must be received by August 22, 2016 / A confirmation email will be sent a week before class.

Questions? Contact Alex at amuller@cvision.org, 503-292-4964 ext.127

Co-Op info: All classes are self-funded & rely on advance registration. If class is cancelled by host agency or instructor, all registrants will be notified and refunds issued. Cancellation by student for refund must be made at least 10 working days before class. Refunds will not be made for no-shows or cancellation without 10 days advance notice.

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REGISTRATION & PAYMENT FORM: *The Autistic Perspective: Part 2 of 3 August 26, 2016*

Registrant Name

Phone Number

E-mail

Agency/Provider

Mailing address

City State/ZIP

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

Please send this registration form and check or money order payable to “Community Vision Inc.” to:
CVI, Attn: Alex, 1750 SW Skyline Blvd Suite 102, Portland OR 97221