As a Member of the Region 1 DD Training Co-Op, Access Ability, LLC presents:

Oregon Intervention System(OIS): General Level G

Training and Certification by John Mushlitz, MAEd

OIS is an intensive training/certification program & process for implementing Positive Behavior Support & safe intervention when addressing challenging behavior. This 2-day <u>OIS-G</u> class focuses on supports for adults & children with intellectual or developmental disabilities in the home or community.

Dates: Wednesday, February 14th and Thursday, February 15th, 2018

<u>Time:</u> 9:00 am to 5:00 pm (check-in begins at 8:30 am) <u>Please Note:</u> Your certificate will reflect the actual hours of training, there is a 1-hour lunch break and class generally adjourns before 5pm.

Location: Fairvew Masonic Lodge, 202 SE Dora Street, Troutdale, Oregon 97060

<u>Cost</u>: **\$100/person* due in advance** *This OIS class cost is the same for members and non-members. Family members or foster care providers/parents of individuals in DD services, and staff/affiliates of all Co-Op member agencies in the 5 counties of Region 1 will be given **registration preference** for available space in class.

Please note:

- Participants must wear comfortable clothing and closed-toe shoes to allow for full participation in physical practice activities. Please do not wear open-toed or high heel shoes or sandals, short skirts or clothing that will restrict your physical practice of techniques.
- Completion certificates distributed at end of class only to those who attend <u>all</u> required hours.
- Refunds will be awarded only if class is cancelled by the host agency or if registrants cancel by email at least 10 days prior to class.

Please contact Jane Rake by <u>email</u> to check space availability <u>before</u> registering, or for other questions at <u>jane.rake@gmail.com</u>

REGISTRATION FORM: PLEASE PRINT CLEARLY! PHONE NUMBER & EMAIL REQUIRED!

To register please complete this form and mail with check or money order payable to Access Ability, LLC to:

Access Ability, 3142 NE 45th Avenue, Portland, OR 97213 Participant______ Address______ Email Address______ Phone #______ Amount Enclosed: \$____ DD Foster Home? Yes/_No_Adults? Yes/_No_Child/Youth? Yes/_No Agency or Provider Name_______