

**Free** two day workshop and information sessions  
for **parents and carers** of school age children on the autism spectrum

## **Workshop: 2015QLDPC4**

## **Location: Cairns**

Like all school-age students, children with autism spectrum disorder benefit from strong, positive relationships between the home and school. Positive Partnerships uses evidence based materials and practical resources to help support these relationships by facilitating workshops for parents and carers.

## **What will you learn?**

When you come along to a Positive Partnerships workshop, you will:

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

People who work to support families living with autism in your community will also be invited to take part with the goal that there is an ongoing community focus beyond the workshop.

## **Workshop details**

**Venue:** Rydges Esplanade Resort  
209 – 217 Abbott Street, Cairns QLD 4870

**When:** **Two day workshop** – Tuesday 16 & Wednesday 17 June 2015 – follow up session is on Wednesday 22 July 2015

**Day 1:** 9.00 am - 4.30 pm (Registration from 8.15 am)

**Day 2:** 9.00 am - 3.30 pm

**Registration available from Tuesday 5 May 2015 and closes two days prior.**

*We strongly recommend you register as soon as possible to secure your place. You will receive confirmation of your registration.*

Online registrations are preferred directly through our secure website [www.positivepartnerships.com.au](http://www.positivepartnerships.com.au)

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

**Email:** [parentcarer@autismspectrum.org.au](mailto:parentcarer@autismspectrum.org.au)

**Mail:** Positive Partnerships, ASPECT, PO Box 361, Forestville NSW 2087

**Fax:** 02 9451 9661

Phone the Positive Partnerships Infoline if you have any enquiries: 1300 881 971

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## Registration Form

To register please visit [www.positivepartnerships.com.au](http://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](mailto: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: 2015QLDPC4      Location: Cairns      Date: Tuesday 16 & Wednesday 17 June 2015**

### 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 (day): (\_\_\_\_) \_\_\_\_\_ 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:

☐ None ☐ One ☐ Two ☐ Three or more

What type of educational program is your child(ren) 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

To help the Positive Partnerships facilitators best support you during the workshop.

Please answer by placing a cross ☒ in 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. Do you need additional support at the workshop? If so, please indicate the support you need: (Note: this refers to support for yourself at the workshop not your child)
- ☐ Interpreter required – language: \_\_\_\_\_ ☐ Literacy support with written material
- ☐ Translation of information – language \_\_\_\_\_ ☐ Vision or hearing
7. Do you identify with or belong to any of the following groups?
- ☐ Aboriginal or Torres Strait Islander community ☐ A culture with a first language other than English

### 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 ☐ No nuts
- ☐ No red meat ☐ No dairy products ☐ Other: \_\_\_\_\_

### Information sessions

On **day two** a number of information sessions will be conducted.

To assist the Positive Partnerships Team to plan effectively for day two, please indicate **two areas** of interest:

Sessions to choose from: Please answer by placing a cross ☒ in the two appropriate boxes

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

### Child Information

Please fill out the required information for each of your children who are on the Autism Spectrum.

Please include age group, school name and school address.

This will be used to prepare the information presented during the workshop.

**YOUR REGISTRATION CANNOT BE ACCEPTED UNLESS YOU COMPLETE THIS INFORMATION.**

How many children with ASD do you have? \_\_\_\_\_

#### Child no. 1 (REQUIRED)

Age: (please check ☒)

- ☐ Under 5 ☐ 5-8
- ☐ 9-13 ☐ 14-18

School: \_\_\_\_\_

How many years is it since your child's diagnosis? \_\_\_\_\_

- ☐ no formal diagnosis yet
- ☐ less than two years
- ☐ more than two years

#### Child no. 2

Age: (please check ☒)

- ☐ Under 5 ☐ 5-8
- ☐ 9-13 ☐ 14-18

School: \_\_\_\_\_

How many years is it since your child's diagnosis? \_\_\_\_\_

- ☐ no formal diagnosis yet
- ☐ less than two years
- ☐ more than two years

#### Child no. 3

Age: (please check ☒)

- ☐ Under 5 ☐ 5-8
- ☐ 9-13 ☐ 14-18

School: \_\_\_\_\_

How many years is it since your child's diagnosis? \_\_\_\_\_

- ☐ no formal diagnosis yet
- ☐ less than two years
- ☐ more than two years

### Education Sector

- ☐ Department of Education ☐ Catholic
- ☐ Independent ☐ Other \_\_\_\_\_

