



Supporting students on the autism spectrum

Free one day workshop for parents and carers

Selected school staff are currently undertaking a professional learning course using the Positive Partnerships resources. This unique opportunity for parents will ensure staff and parents gain the same understanding, knowledge and skills to improve the outcomes for students with autism and their families.

This workshop intends to:

- Increase understanding of the impact of autism
- Introduce a planning tool that can be used to share an understanding of your child
- Explore behaviour
- Explore ways to work in partnership with your school
- Provide an opportunity to network and share strategies with other parents/carers

The content and resources in this workshop have been developed by Positive Partnerships. The Positive Partnerships initiative is funded by the Australian Government Department of Education and Training through the Helping Children with Autism package.

Workshop details

Date: Tuesday May 30th

Time: 9.15am—2.30pm (Morning tea and lunch provided) Registration from 8.45 am

Venue: Brisbane Waters Secondary College Veron Road Umina

Registration: Registration is required for this one day workshop. Please complete the registration form and return to Sue or Pam, depending on which school your child attends

For further details contact: Sue Low Email: sue.low@dbb.catholic.edu.au Mob: 0417 190 205

Pam Quinn Email: pamela.g.quinn@det.nsw.edu.au Ph: 43881066

(This is respectfully an adults only event, therefore unfortunately child minding is not available)

Registration Form

Location: Brisbane Waters Secondary College Umina Date: Tuesday May 30th

Contact information

Title: Mr Mrs Ms Prof Dr. Other: _____

First Name: _____ Last Name(s): _____

Email 1: _____ (for confirmation and reminders)

Mailing address: _____

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

Phone (day): (____) _____ Phone (home): (____) _____

Mobile Phone: _____

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: _____

General information

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? Full-time carer?
3. Have you attended a Positive Partnerships workshop before? Yes No
4. 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)
 English is not my first language I need an interpreter – language _____
 I need literacy support with written material
 I need support with vision, hearing or sensory issues
5. Do you identify with or belong to any of the following groups?
 Aboriginal or Torres Strait Islander community
 A culturally diverse community
 Neither of the above

Dietary requirements

Please indicate if you have any dietary requirements

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

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)	Child no. 2	Child no. 3
Age: (please check <input checked="" type="checkbox"/>)	Age: (please check <input checked="" type="checkbox"/>)	Age: (please check <input checked="" type="checkbox"/>)
<input type="checkbox"/> Under 5 <input type="checkbox"/> 5-8	<input type="checkbox"/> Under 5 <input type="checkbox"/> 5-8	<input type="checkbox"/> Under 5 <input type="checkbox"/> 5-8
<input type="checkbox"/> 9-13 <input type="checkbox"/> 14-18	<input type="checkbox"/> 9-13 <input type="checkbox"/> 14-18	<input type="checkbox"/> 9--13 <input type="checkbox"/> 14-18
School: _____	School: _____	School: _____
<i>How many years is it since your child's diagnosis?</i> _____	<i>How many years is it since your child's diagnosis?</i> _____	<i>How many years is it since your child's diagnosis?</i> _____
<input type="checkbox"/> no formal diagnosis yet	<input type="checkbox"/> no formal diagnosis yet	<input type="checkbox"/> no formal diagnosis yet
<input type="checkbox"/> less than 6 months	<input type="checkbox"/> less than 6 months	<input type="checkbox"/> less than 6 months
<input type="checkbox"/> less than two years	<input type="checkbox"/> less than two years	<input type="checkbox"/> less than two years
<input type="checkbox"/> more than two years	<input type="checkbox"/> more than two years	<input type="checkbox"/> more than two years

Final Day to register – Friday 26th May