positive partnerships

Working together to support school-aged students on the autism spectrum

Free one day workshop for **parents and carers**

Workshop: **15-16QLDPC1** **Location:** **SPRINGWOOD**

Like all school-age students, young people on the autism spectrum 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 gain?

The Positive Partnerships parent/carer workshop intends to:

- Increase understanding of the impact of autism on your young person, both at school and at home
- Assist in understanding how to develop or build on an effective home school partnership
- Increase knowledge of strategies that will help:
  - advocate for your young person
  - support your young person's participation at school
  - develop an awareness of ongoing learning needs
- Assist in understanding school and community supports and how to access them
- Provide an opportunity to network and share strategies with other parents/carers and discuss a range of topics relevant to students with ASD and their families

Workshop details

Venue: Springlife Conferencing
178 Springwood Road
Springwood QLD 4127

When: **One day workshop – Wednesday 2 March, 2016**
9.15 am – 3.00 pm **(Registration from 8.30 am)**

Registration available from Thursday 3 December, 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

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

Email: 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

The Positive Partnerships initiative is funded by the Australian Government Department of Education and Training through the Helping Children with Autism package.

The views expressed in this publication do not necessarily represent the views of the Australian Government or the Department of Education and Training.

Positive Partnerships is delivered nationally by Autism Spectrum Australia (Aspect).

autism spectrum AUSTRALIA

Registration Form

To register please visit 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. **Each person attending must complete their own form even if from the same family.**

For more information, please contact 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: **15-16QLDPC1** **Location:** **SPRINGWOOD** **Date:** **Wednesday 2 March, 2016**

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: _____

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

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? ☐ Full-time 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. **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

6. **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 ☒)*	**Age:** *(please check ☒)*	**Age:** *(please check ☒)*
☐ Under 5 ☐ 5-8	☐ Under 5 ☐ 5-8	☐ Under 5 ☐ 5-8
☐ 9-13 ☐ 14-18	☐ 9-13 ☐ 14-18	☐ 9--13 ☐ 14-18
School: _____	**School:** _____	**School:** _____
How many years is it since your child's diagnosis? _____	*How many years is it since your child's diagnosis?* _____	*How many years is it since your child's diagnosis?* _____
☐ no formal diagnosis yet	☐ no formal diagnosis yet	☐ no formal diagnosis yet
☐ less than 6 months	☐ less than 6 months	☐ less than 6 months
☐ less than two years	☐ less than two years	☐ less than two years
☐ more than two years	☐ more than two years	☐ more than two years

Education Sector

☐ Department of Education ☐ Catholic ☐ Independent ☐ Other _____