

UNIVERSITY OF
LOUISVILLE

KENTUCKY AUTISM
TRAINING CENTER 

Family Group Workshops

Kentucky Autism Training Center
College of Education and Human Development

Dean's Office

University of Louisville

Louisville, KY 40292

1-800-334-8635 ext. 852-4631

502-852-4631

Fax: 502-852-7148

www.louisville.edu/kyautismtraining

The mission of the Kentucky Autism Training Center is to strengthen our state's systems of support for persons affected by autism by bridging research to practice and by providing training and resources to families and professionals. KATC is committed to improving the quality of life for those affected by ASD.

Workshops for Family Groups

The KATC staff provides 1 to 1.5 hour workshops on autism and related topics, as part of an ongoing effort to improve services for those affected with ASD in Kentucky. Autism related support groups and other family groups across Kentucky can access these workshops **FREE of charge**. Although we have a list of suggested topics below, we encourage family groups to work in collaboration with our trainers to design a presentation to meet your group's needs.

The purpose of this form is to schedule a 1 to 1.5 hour workshop for a family group. We expect that the audience for this workshop will be comprised predominately of parents and family members of individuals with ASD. If your group is primarily comprised of professionals please complete the "Workshops for Professionals and the Community" form.

Due to the volume of presentations provided by KATC staff across the state, ***we require that this request form be received by KATC at least 8 weeks prior to the planned presentation date.***

Continuing Education Units (CEU's) will not be provided. *We look forward to working with you. Thank you!*

Below is a list of suggested topics:

- Behavior Basics at Home
- Addressing the Needs of Siblings of Individuals with ASD
- Community Inclusion
- Building the Family Team: Bringing in the Extended Family
- Parents as Partners with Teachers
- "You Make and Take it Home"
- Show Me the Money: Navigating Funding Sources
- Implementing Visual Supports in the Home
- Transition to Adulthood
- Coping with Stress
- Puberty

If you would like to schedule a presentation or workshop, please complete the following Workshop Request for Family Groups Form (the form can also be found on our website at www.louisville.edu/kyautismtraining) and return it to:

Kentucky Autism Training Center
University of Louisville Autism Center at Kosair Charities
1405 E. Burnett Avenue
Louisville, KY 40217

You may also fax to: 502-852-7148. If you have any questions, please contact the KATC (502)852-4631.

Kentucky Autism Training Center

Workshop Request for Family Groups

CONTACT INFORMATION

FAMILY GROUP NAME	
ADDRESS	
CITY, ST, ZIP	
CONTACT NAME	
CONTACT EMAIL	
ON-SITE CONTACT NAME AND CELL PHONE NUMBER	

PROGRAM INFORMATION

TOPIC						
AGE GROUP	0-4 <input type="checkbox"/> 5-10 <input type="checkbox"/> 11-17 <input type="checkbox"/> 18-21 <input type="checkbox"/> > 22 <input type="checkbox"/> Other: _____ (SELECT ALL AGE GROUPS THAT ARE YOUR PRIMARY FOCUS)					
LIST 3 OUTCOMES PARTICIPANTS WOULD LIKE TO GAIN	1.) _____ 2.) _____ 3.) _____					
DATES		START TIME (ET/CST)		ARE PARTICIPANTS PAYING A REGISTRATION FEE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		END TIME (ET/CST)				
LOCATION OF TRAINING						
ESTIMATED NUMBER OF ATTENDEES		ESTIMATED AUDIENCE PERCENTAGE		FAMILY MEMBERS: _____% PROFESSIONALS: _____%		

CANCELLATION POLICY: Cancellation must be made at least 7 days prior to event

VIDEO/AUDIO TAPING: Videotaping and voice recording prohibited unless other arrangements have been made with the Kentucky Autism Training Center.

EQUIPMENT & ROOM SETUP PREFERENCES

The Kentucky Autism Training Center will bring a laptop and projector to all events. However, we do request the following items in the meeting room:

- Flip Chart with markers
- Screen
- Extension cord
- Microphone (earpiece or wireless lapel preferred if over 40 attendees)

PLEASE FAX COMPLETED REQUEST TO 502-852-7148 or mail to:

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Louisville, KY 40217

PLEASE RETAIN A COPY OF THIS REQUEST FORM FOR YOUR RECORDS.

FOR OFFICE USE ONLY

TRAINER ASSIGNED		DATE RECEIVED		DATE CONFIRMATION SENT		DATE TRAINER REVIEWED W/HOST	
SPECIAL INSTRUCTIONS							