The Positive Partnerships initiative is funded by the Australian Government Department of Education 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 Australian Government Department of Education.

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

Workshop: 2015WAPC1 Location: The Vines

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: Novotel Vines Resort Swan Valley
Verdelho Drive, The Vines WA 6069

When: Two day workshop – Tuesday 17 & Wednesday 18 February 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 2 December 2014 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
Free two day workshop and information sessions for parents and carers of school age students on the autism spectrum

**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 or call 1300 881 971

*The following information will help the Positive Partnerships facilitators best support you during the workshop*

**Code:** 2015WAPC1  **Location:** The Vines  **Date:** Tues 17 & Wed 18 February 2015

**Contact information**

<table>
<thead>
<tr>
<th>Title:</th>
<th>☐ Mr</th>
<th>☐ Mrs</th>
<th>☐ Ms</th>
<th>☐ Prof</th>
<th>☐ Dr.</th>
<th>☐ Other: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name:</td>
<td>____________________________</td>
<td>Last Name(s): ____________________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email 1:</td>
<td>____________________________</td>
<td>Email 2: ____________________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(for confirmation and reminders)</td>
<td>(for confirmation and reminders)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Mailing address:</td>
<td>____________________________</td>
<td>City/Suburb: ____________________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State:</td>
<td>____________________________</td>
<td>Postal Code:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone (day): (____) ____________________________</td>
<td>Phone (home): (____) ____________________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile Phone:</td>
<td>____________________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to internet:</td>
<td>☐ At home</td>
<td>☐ At work</td>
<td>☐ At home and work</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer internet skills:</td>
<td>☐ Low</td>
<td>☐ Moderate</td>
<td>☐ High</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**How many children with a diagnosis of Autism Spectrum do you have / care for:**

<table>
<thead>
<tr>
<th>☐ None</th>
<th>☐ One</th>
<th>☐ Two</th>
<th>☐ Three or more</th>
</tr>
</thead>
</table>

**What type of educational program is your child(ren) receiving?**

<table>
<thead>
<tr>
<th>☐ Mainstream with support</th>
<th>☐ Autism specific special class</th>
<th>☐ Non autism specific special class</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Autism specific special school</td>
<td>☐ Special school</td>
<td>☐ Other</td>
</tr>
</tbody>
</table>

**Diagnosis:**

<table>
<thead>
<tr>
<th>☐ Autistic Disorder</th>
<th>☐ Rett’s Disorder</th>
<th>☐ Childhood Disintegrative Disorder</th>
<th>☐ Asperger’s Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Pervasive Developmental Disorder NOS</td>
<td>☐ Atypical autism</td>
<td>☐ Autistic Characteristics</td>
<td>☐ No Diagnosis</td>
</tr>
<tr>
<td>☐ Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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?**
<table>
<thead>
<tr>
<th>☐ Media</th>
<th>☐ School</th>
<th>☐ Autism Organisation</th>
<th>☐ Friend</th>
<th>☐ Other: ____________________________</th>
</tr>
</thead>
</table>
4. **Have you attended a Positive Partnerships workshop before?**
   | ☐ Yes | ☐ No |

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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 ACCCEPTED UNLESS YOU COMPLETE THIS INFORMATION.

How many children with ASD do you have? ___________

<table>
<thead>
<tr>
<th>Child no. 1 (REQUIRED)</th>
<th>Child no. 2</th>
<th>Child no. 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age:</strong> (please check ☒)</td>
<td><strong>Age:</strong> (please check ☒)</td>
<td><strong>Age:</strong> (please check ☒)</td>
</tr>
<tr>
<td>□ Under 5  □ 5-8  □ 9-13  □ 14-18</td>
<td>□ Under 5  □ 5-8  □ 9-13  □ 14-18</td>
<td>□ Under 5  □ 5-8  □ 9-13  □ 14-18</td>
</tr>
<tr>
<td><strong>School:</strong> How many years is it since your child’s diagnosis? ___________</td>
<td><strong>School:</strong> How many years is it since your child’s diagnosis? ___________</td>
<td><strong>School:</strong> How many years is it since your child’s diagnosis? ___________</td>
</tr>
<tr>
<td>□ no formal diagnosis yet  □ less than two years  □ more than two years</td>
<td>□ no formal diagnosis yet  □ less than two years  □ more than two years</td>
<td>□ no formal diagnosis yet  □ less than two years  □ more than two years</td>
</tr>
</tbody>
</table>

Education Sector
□ Department of Education  □ Catholic
□ Independent  □ Other: __________________________