

Presents:
**Judevine Midwest Autism
Conference**



Monday, October 17, 2016
St. Charles Convention Center
1 Convention Center Plaza
St Charles, MO 63303

Full-Day Conference Only \$179.00

Featuring Professor Tony Attwood

Tony is a clinical psychologist who has specialised in autism spectrum disorders since he qualified as a clinical psychologist in England in 1975. He currently works in his own private practice, and is also adjunct professor at Griffith University, Queensland and senior consultant at the Minds and Hearts clinic in Brisbane. His book *Asperger's Syndrome – A Guide for Parents and Professionals* has sold over 350,000 copies and has been translated into over 25 languages. His subsequent book, *The Complete Guide to Asperger's Syndrome*, was published in October 2006 and is one of the primary textbooks on Asperger's syndrome. He has several subsequent books published by Jessica Kingsley Publishers, Future Horizons Inc. and Guilford Press.

Tony has been invited to be a keynote speaker at many Australasian and International Conferences. He presents workshops and runs training courses for parents, professionals and individuals with Asperger's syndrome all over the world and is a prolific author of scientific papers and books on the subject.

He has worked with many thousands of individuals of all ages with Asperger's syndrome or an Autism Spectrum Disorder.

Strategies to Reduce Being Bullied and Teased - Morning Session

Parents and teachers hope that integration with peers will be enjoyable and successful. Some children will welcome the opportunity to play or socialize with the child or adolescent with Asperger's syndrome. However, some children will consider the child an easy target for bullying and teasing. Children with Asperger's syndrome are more prone to bullying and teasing in comparison to typical children. The presentation explains why children with Asperger's syndrome are more likely to be a target and strategies to reduce incidents of bullying and teasing.

Managing Challenging Behavior in Children with Autism - Afternoon Session

The presentation focuses on children and adolescents with classic autism and provides an explanation and strategies with regard to repetitive behaviour, emotion management and the development of effective communication systems for emotions.

The application of Cognitive Behaviour Therapy to children with severe autism is discussed and how it can be applied to such individuals.

The presentation will include strategies to help with self-injurious behaviour and the improvement of social understanding and coping with change.

Register at: <http://midwestautismconference.com/>

Conference Stipend for Individuals and Families

In addition to agency funding, the DDRB also provides funding for several community programs. The following Conference Stipend for Individuals and Families policy provides valuable information as to the purpose, eligibility, and procedures for accessing those services.

Application forms for this program are included in this policy. These forms can be submitted by individuals and family members who reside in St. Charles County and who have been deemed eligible for services through the Missouri Department of Mental Health Division of Developmental Disabilities (DMH). A DMH number is required on all applications and can be obtained from the annual Individual Support Plan or the individual's St. Louis Regional Office or DDRB case manager.

Note: The flyer can be used as a copy of the conference/training brochure for those requesting Pre-Conference payment.

DEVELOPMENTAL DISABILITIES RESOURCE BOARD
Conference Stipend Program for Individuals and Families Policy

Policy Origination: September 12, 1996

Revision Effective: July 1, 2016

Revision Approval: December 17, 2015

Policy Reviewed: October 5, 2015

Purpose:

The DDRB values the strengthening of supports for individuals with developmental disabilities and their families. Individuals and family members are encouraged to participate in conferences and educational opportunities, which are designed toward enabling an individual with developmental disabilities to progress toward normal living or to develop his or her capacity, performance, or relationships with other persons. The Conference Stipend program gives individuals and family members the opportunity to attend trainings and seminars that they might otherwise not be able to attend.

The Conference Stipend Program for Individuals and Families:

- Eligibility:** The applicant must be an individual with a developmental disability as defined in DDRB policies or an immediate family member of an individual with a developmental disability. Agencies requesting stipends on behalf of a group of individuals need to contact DDRB office.
- Event:** Conferences must be sponsored by a professional organization and/or be a presentation by a professional recognized in their field and directly related to the individual's and/or family member's developmental disability.
- Amount:** The individual pays the first \$25.00 for each conference. The DDRB will pay the remaining registration fee, up to a maximum of \$500.00 per year, per person. Fees related to late registration, travel, lodging and other expenses are not covered.
- Approval:** Approval is based on available funding and compliance with the policy. Waiver of the \$25.00 co-pay (based on need) and policy exceptions require DDRB Board approval. Applications are considered on a first-come-first-served basis. The fiscal year end invoice deadline is not applicable.

Application for Registration Fee:

Submit completed applications to the DDRB, Conference Stipend Program. A brochure or copy of the brochure from the conference/event must be attached. Application and evaluation forms can be downloaded from DDRB website www.ddrb.org or call the DDRB office at 636-939-3351 to request forms.

Reimbursement:

Requests can be made from 14 – 90 days prior to the event or within 30 days after the event. Approved stipends can be paid by choosing one of the following:

- 1.) The DDRB can write a check payable to the organization hosting the event and send it to the individual making the request who will in turn send the check along with other registration materials to the conference organizers,

OR:

- 2.) The DDRB can reimburse the individual by check for requests received within 30 days after attending the event. An itemized paid receipt from the event organizers must accompany the request to receive payment.

Evaluation follow-up required:

Individuals receiving stipends are required to complete and return an evaluation of the event to the DDRB office within 60 days after the conference. Additional stipends will be contingent upon receipt of evaluations.

Developmental Disabilities Resource Board
Conference Stipend Program for Individuals/Family Members
APPLICATION for Stipend

Request Date: _____

This form must be submitted when requesting a stipend; all eligibility requirements of the policy must be met. Complete one application per person making application for stipend. Send application to DDRB, 1025 Country Club Road, St. Charles, MO 63303.

Name of Conference Attendee: _____ **Phone:** (____) _____

Conference attendee must be an individual with a developmental disability or an immediate family member of an individual with a developmental disability as defined in DDRB Policies.

Name of Individual with a Developmental Disability _____ **Date of Birth** _____

The individual must be an eligible service recipient of Missouri First Steps and/or Department of Mental Health (DMH) Division of Developmental Disabilities.

DMH ID # _____ **OR** Attach Page 1 of Missouri First Steps IFSP

Conference Title & Date(s) _____

Conferences must be professionally recognized and directly related to the individual's and/or family member's developmental disability. Individuals receiving stipends are required to complete a post conference evaluation.

Please list how this conference is related to you or your family member's developmental disability and how information learned will enhance the life of the person with the disability. _____

Continue on back if needed

Total Cost for Registration: _____

Less \$25.00 co-pay _____ **-25.00** _____

DDRB Stipend Request: _____

The DDRB will pay the remaining registration fee, up to a maximum of **\$500.00** per year. Fees related to late registration, travel, lodging and other expenses are not covered.

Enclose a COPY of the conference/training brochure and completed registration form that includes the organization's billing and payment information.

Post-Conference Reimbursement: I am requesting that I be reimbursed directly. I have enclosed copies of my itemized paid receipts. I understand I must submit this request within **30** days of the conference and the post conference evaluation form must be received within **60** days of the conference conclusion.

Pre-Conference Payment: I am requesting a check made payable to the event organizers be mailed to me. I understand I am responsible for sending the check along with other registration materials to the conference organizers for conference registration. I will send the evaluation form to the DDRB within **60** days of the conference conclusion.

Make Check Payable to: _____

Send Check to: Name: _____

Address: _____

City/State/Zip: _____

Contact Phone Number: (____) _____

DDRB Review: Date: _____ Amount Approved: \$ _____

Approved Not Approved **DDRB Representative Signature:** _____

Developmental Disabilities Resource Board
Conference Stipend Program for Individuals and Families
EVALUATION FORM

This form must be submitted within 60 days of the conference event. Additional stipends will be contingent upon receipt of evaluations.

Title of Conference Attended _____

Instructor(s): _____

Date of Conference: _____ Registration Fee: _____

Location of Training: _____

1. How would you rate the instructor? Check all that apply or add:

- | | | |
|--|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Energetic | <input type="checkbox"/> Interesting | <input type="checkbox"/> Off-task |
| <input type="checkbox"/> Boring | <input type="checkbox"/> Likable | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Knowledgeable | <input type="checkbox"/> Long-winded | <input type="checkbox"/> _____ |

2. How much of the content was helpful to you?

- Most or all of the presentation
- A considerable amount of the presentation
- Some portions/maybe half of the presentation
- Very little or none of the presentation

3. Was this conference worth the cost of the registration fee? Yes No

4. How will the information you learned enhance the life of the person with the developmental disability? _____

5. Would you recommend other individuals or families attend this conference?

Why or why not? _____

Signature: _____ **Date:** _____

Print Name: _____

Phone or Email: _____

Submit this evaluation form within 60 days of the conference.

SEND to: DDRB
 Conference Stipend Program
 1025 Country Club Road
 St. Charles, MO 63303