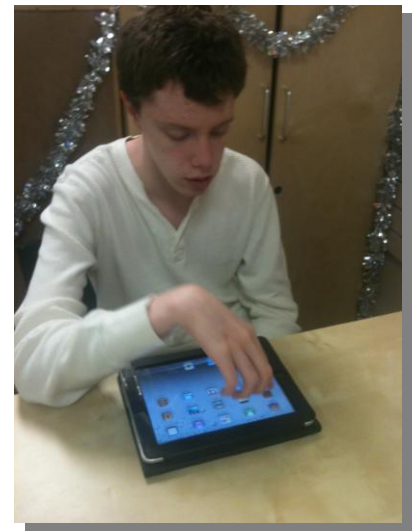


Free
Saturday Support Services
Offered by



Let's Talk Technology: The iPad and Autism

- What makes the iPad different from other devices?
- Which apps are useful tools to facilitate communication and aid in learning?
- How can the iPad be used as an augmentative communication device or even as a reinforcer?
- How can the iPad assist with parent and self-advocacy?
- Learn the answers and hear success stories of how InKids has been able to effectively use the iPad for its students!

Date: Saturday, February 25th

Time: 10:00-12:00 (check-in at 9:45)

Location: Including Kids, Inc.
5364 FM 1960 East
Humble, TX 77346



Please visit www.includingkids.org or contact Community Outreach at outreach@includingkids.org or 281-852-0501 to register. The deadline to register is February 17th.

Childcare, play groups, and a sibling support group are provided FREE during the workshop. Please see registration form for details.

There is limited space so RSVP early!

Including Kids Saturday Support Services

Registration Form



Workshop: _____ Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Position (teacher, parent, other): _____ Affiliation with InKids: Full-Time Part-Time
SSS only None Other: _____

Would you like to be added to our mailing list to receive information about upcoming workshops or other InKids events? (please circle) Y N

Workshop (adult sessions): This workshop series is intended for anyone who comes into contact with people diagnosed on the autism spectrum or with other related developmental disorders (parents, family members, teachers, professional workers, etc.). The workshops will cover basic applied behavior analysis concepts and how to apply the strategies to real-life scenarios in the home, school, and community settings.

of people attending: _____ **Fee for no show/ no 24 hr. cancellation: \$20**

Childcare: This session is for children ages 2-4 years old with & without special needs. Parent participation in the workshop is required. ***Please email outreach@includingkids.org if your child engages in aggressive behavior to discuss accommodations.***

of children attending: _____ **Fee for no show/ no 24 hr. cancellation: \$20**

Names and Ages: _____

Play Club: This session is designed for children 5-years-old and up with special needs, as well as 5-6 year old siblings. The goal is to address common challenges such as turn taking, sharing, requesting items/activities, etc. Parent participation in the workshop is required. ***Please email outreach@includingkids.org if your child engages in aggressive behavior to discuss accommodations.***

of children attending: _____ **Fee for no show/ no 24 hr. cancellation: \$20**

Names and Ages: _____

Sib Club: This session is for children ages 7-15 years old that have a sibling with special needs. The purpose is to have a safe and positive place for siblings to share their experiences and receive guidance on how to handle situations involving their sibling. Children may still participate in this group if their parents are not attending the workshop. Monthly attendance is encouraged to maximize the benefits and connections with peers.

of children attending: _____ **Fee for no show/ no 24 hr. cancellation: \$20**

Names and Ages: _____

**SEND FORM TO: Including Kids, Inc. c/o Workshop Registration
5364 FM 1960 East, Humble, TX 77346**

ATTENTION: Please note that there is no longer a deposit required. However, there will be one \$20 penalty fee (to cover costs) per registered person who does not attend or cancel within 24 hours. An invoice will be mailed to the registered address. To prevent being charged this fee, please cancel attendance before 10 am on the Friday before by either email or telephone message.

**Community Outreach – Saturday Support Services
Child Health Record**

In order to best serve your child, please complete the following information and return along with your workshop registration form. All information will be kept confidential. Any information shared in this form will not keep your child from attending one of our groups. It will only help to ensure we have adequate staff and can meet your child's individual needs. If you have questions regarding this form, please contact Kelley M. Williams, Psy.D. at outreach@includingkids.org.

Child's Name: _____

Gender: M or F

DOB: _____

Parent /Guardian Name: _____

Parent/Guardian Phone Number: _____

Emergency Contact: _____

Relationship to Child: _____ Phone Number: _____

List any recent illness: _____

List any chronic illness/conditions: _____

List any allergies to the following: Medication: _____ Food: _____ Plants: _____

Insects: _____ Other: _____

If any allergies, please describe any reactions: _____

Any medication that the child is taking at home: _____

If your child has been hospitalized in the past 12 months, please describe/explain: _____

Is your child toilet trained? Y or N (please circle)

Does your child exhibit any aggressive or self-injurious behaviors? If so, please describe: _____

Any other health information that you would like to share: _____