# Register Now!

Thursday June 4<sup>th</sup>, 2015



Self-Determined, Safe, and Social For Children & Youth with Autism

A Conference For Parents and Providers

9am to 3pm, Boston Children's Hospital @ Waltham Deveber Conference Room

Sponsored by:

### **LEND** Boston

Leadership Education in Neurodevelopmental and Related Disabilities Program





9:00-9:50 Welcome and Legislative/Policy Updates David Helm, PhD, Program Director, ICI/LEND 10:00-10:50 Self-determination and Self-advocacy Through the Life Span Stelios Gragoudas, EdD, Research Associate II, ICI/LEND Ian Huer, Self-advocate 11:00-11:30 Wandering, Bolting, and other Unsafe Behaviors Nancy R. Sullivan, PhD, Associate Director of Pediatric Psychology, Developmental Medicine Center, Boston Children's Hospital 11:30-12:00 The ALEC Program – An Overview (Autism and Law Enforcement Education Coalition) Michelle Maffeo, Boston Police Department **12:00-1:00** Lunch (box lunch provided) 1:00-1:50 Widening the Circle: Advancing Friendships Jim Ross, The Arc of Massachusetts 2:00-2:50 Resources for Children and Adolescents with Autism Neal Goodman, MS, Program Coordinator, Resource Specialist, Developmental Medicine Center, Boston Children's Hospital

A Certificate of Attendance will be provided to participants at the end of the day

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**Evaluations** 

2:50-3:00







# Please sign me up!

| Name:   |      | _          |                     |           |
|---|------|------------|---------------------|-----------|
| **Email Address:  |      |            |                     |           |
| Home address:   |      |            |                     |           |
| School District/Employer:   |      |            |                     |           |
| Special diet and/or accommodations:   |      |            |                     |           |
| □ \$65 professionals □ \$45 parents   | VISA | MasterCard | AMERIKAN<br>EXPRESS | DISCOVER. |
| Method of payment: $\square$ check $\square$ credit card  |      |            |                     |           |
| Name on credit card Card #  |      |            |                     |           |
| CVV#Exp. Date:  |      |            |                     |           |
| Registration fee is <u>NON REFUNDABLE</u> and can be mailed with registration form to:<br>Boston Children's Hospital<br>Attn: Judi Naar/Main 9East<br>300 Longwood Avenue<br>Boston, MA 02115 |      |            |                     |           |

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