



## Community Agencies Ability Awareness Training



**March 24, 2010**

**5:30 - 8:30 PM**

**Location:** Santa Clara County  
Office of Education  
1290 Ridder Park Drive  
San Jose, CA 95131  
San Jose/Eastside room

**Cost:** \$10 Financial assistance is available. For more information e-mail [inclusion@SCCOE.org](mailto:inclusion@SCCOE.org)

### Target Audience

Community agencies serving families with children with disabilities or special needs within Santa Clara County: i.e., Libraries, Family Resource Agencies, First 5 Partners, and other interested agencies

### Become a Trainer of Others!

**A**bility **S**upport **K**its (**ASK**) are available for checkout in the SCCOE library. **ASK** can be used to promote ability awareness for student, parent, and staff trainings.

Participants will explore ability awareness through an interactive workshop including thought-provoking topics, creative simulation activity, & reflective practice.

- Gain a deeper understanding of similarities ALL people share
- Learn how words can impact the individual described
- Challenge existing attitudes concerning disabilities
- Explore adaptations that individuals with and without disabilities use
- Gain new perspectives of specific disabilities with hands-on simulations
- Understand that a disability is only one aspect of an individual

**REGISTER ONLINE by March 17<sup>th</sup> at [www.inclusioncollaborative.org](http://www.inclusioncollaborative.org)**

**Questions? e-mail [inclusion@sccoe.org](mailto:inclusion@sccoe.org) or call (408) 453-6756**

Supported by:





# Registration Form

Space is limited ---First Come First Serve!

Please complete one registration per participant and training

*Payment must be received one week before the training to secure your spot*

Name of Professional Development Training: \_\_\_\_\_

Time of training \_\_\_\_\_ Date of Training: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check One:  \$10.00 three hour training  \$20.00 full-day training

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Contact name: \_\_\_\_\_

Position title: \_\_\_\_\_ Contact phone: \_\_\_\_\_

Email (required for confirmation): \_\_\_\_\_

Agency/School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Payment method:

cash

check (made out to SCCOE-Inclusion Collaborative)

Notes: \_\_\_\_\_

**REGISTER ONLINE at: [www.inclusioncollaborative.org](http://www.inclusioncollaborative.org)**

*Please enclose registration form and check*

Mail to: SCCOE Inclusion Collaborative

1290 Ridder Park Drive, MC 227 • San Jose, CA 95131

OR FAX registration form to: (408) 453-6596

Questions? e-mail [inclusion@sccoe.org](mailto:inclusion@sccoe.org) or call (408) 453-6756

*Please check all that apply*

- The program I work in is funded by Title 5 State Funds
- I work at a Pop site
- I work at a Head Start Site
- I work at an SCCOE Special Education Site
- I work at a district program
- I work at an Inclusion Project Site
- I work at a FIRST 5 funded program
- I need Spanish interpretation, Necesito un Interpretante

**OFFICE USE ONLY:** Cash amount: \_\_\_\_\_ Check number \_\_\_\_\_ & amount \_\_\_\_\_  Payment not received

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