

# Parenting Workshop Series in Boulder - A Six Week Session Wednesday Evenings Session I February 22 to April 4, 2012, Session II April 11 to May 16, 2012



Dr. Goresko

The ACL is honored to sponsor a *new* Parent Workshop Series:

## ***“The 10 Things They Never Teach You About Parenting”***

National Speaker: Stacy Goresko, Ph.D.

During this six week interactive series, Dr. Goresko invites you to come and think outside the box about how you can parent your special need child more easily and effectively and bring about immediate changes to your quality of life. The goal of this Parenting Series is for families to become empowered and to be able to learn in a friendly and safe environment. You will leave with an unusually comprehensive and balanced array of REAL ANSWERS that will alleviate many of those struggling and hard to handle behaviors.



Dr. Stacy Goresko is a local national speaker on autism, building social relationships and improving behavior regulation. Goresko is also a mother of a child with ASD. She conducts on-going training for parents and professionals. She is most passionate about helping parents regain control of their parenting skills and improve their communication and connection with their child.

**Act now to register for this six-week parent workshop! Class size for six families only.**

### **WORKSHOP OBJECTIVES:**

- Learn how to encourage the behavior you want to reinforce.
- Gain personal insights of your own strengths and challenges
- Understand how and why problem behaviors occur.
- Learn how communication impacts behavior and how to become a better communicative partner.
- Understand why it is essential to maintain a Guide/Apprentice relationship.
- List specific tools and techniques to help improve adult/child collaboration.
- Recognize and utilize behavioral support techniques vs. behavioral management ones.
- Understand why it is critical to let go of the power struggle and arrive at win-win solutions.
- Be able to go home and immediately implement techniques learned .
- Create your own plan of action

#### **DATES AND TIMES:**

**Session I: Wednesdays, Feb  
22 to April 4, 2012  
6 - 8 pm  
(no class March 28)**

**Session II: Wednesdays, April  
11 to May 16, 2012  
6 - 8 pm**

**Registration  
On Next Page**

#### **FEES:**

**\$300 per Family per Session  
(up to two people)  
\$150 per Single per Session  
Full and partial scholarships  
available  
For info contact Ailsa  
Wonnacott  
awonnacott@aclboulder.org**

**Registration is limited to 12 people. First come first served.**

**Payment:** We accept cash, check or credit card. Make check payable to "Stacy Goresko, Ph.D." Send registration form and payment to Stacy Goresko, Ph.D., 8083 Meadowdale Square, Niwot, Colorado, 80503. For credit card payment, visit [www.help-autism.com](http://www.help-autism.com). Click on the link, "Pay For Services or Classes." Only completed, properly signed, and dated form accompanied by full payment will be processed. No refunds will be given\*. Registration deadline is February 15th for Session I and March 28th for Session II.

**\*Refund Policy:** You may cancel by email up to eight days before the your session begins and you will be reimbursed 75% of the full fees.

**Class Contact:** Dr. Stacy Goresko  
303 652-4950 or [stacy@help-autism.com](mailto:stacy@help-autism.com)

**Scholarship Contact:** Ailsa Wonnacott  
303 527-0888 or [awonnacott@aclboulder.org](mailto:awonnacott@aclboulder.org)

**Mail Registration Form to:** Dr. Stacy Goresko  
8083 Meadowdale Square, Niwot, CO 80503

**Location of Workshop:**  
at the ACL (Association for Community Living)  
5754 N 71st St Gunbarrel, CO 80503



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**REGISTRATION FORM**

***"The 10 Things They Never Teach You About Parenting"***

**(PLEASE PRINT!)**

Please check one: Session I \_\_\_\_\_ Session II \_\_\_\_\_

Parent/Adult #1 (primary contact) \_\_\_\_\_ Home # \_\_\_\_\_

Mailing Address: (street) \_\_\_\_\_ Cell # \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Parent/Adult #2 \_\_\_\_\_ Home # \_\_\_\_\_

Cell # \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Child \_\_\_\_\_ M \_\_\_ F \_\_\_ Age \_\_\_ Date of Birth \_\_\_\_\_

Brief Description of Child (if applicable) \_\_\_\_\_

Form of Payment: \_\_\_ Cash: \_\_\_ Check: \_\_\_ Credit (go to [www.help-autism.com](http://www.help-autism.com)) \_\_\_ Scholarship

Consent: I have read and agreed to the information and policies listed and agree to the above terms:

Name: (Print) \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_