

**IMPORTANT TRAINING FLYER PLEASE DISTRIBUTE TO  
YOUR STAFF**

# OVERVIEW OF DEVELOPMENTAL DISABILITIES

ELARC's Assessment & Special Services Division will present this training that will include a basic introduction to:

- ⇒ Autism Spectrum Disorders
- ⇒ Epilepsy and Cerebral Palsy
- ⇒ Intellectual disabilities
- ⇒ Related Pharmacological Issues



This training is intended for all community programs, ELARC vendors and their new staff.

**When:**

August 28, 2018

**Time:**

9:30 a.m.-12:00 p.m.

**Where:**

ELARC Boardroom  
(Lower Level)  
1000 S. Fremont Ave  
Alhambra, CA 91803

**Cost: \$30.00 Per Person**

Registration on opposite side and on  
ELARC Website

[www.elarc.org](http://www.elarc.org)

**Pre-Registration REQUIRED**

For additional information contact  
Cristina Ontiveros at  
contiveros@elarc.org

**PLEASE NOTE:**

All participants are encouraged to arrive early to allow time for parking and registration . Training Certificates will NOT be provided to participants arriving 20 minutes late after the scheduled 9:30 a.m. start time.



# REGISTRATION FORM

*To register, please complete the following form*

Registration fee is \$30 per person

Send Registration Form and make check

payable to:

**ELARC**

P.O. Box 7916

Alhambra, CA 91802-7916

Attention:

Christina Razo, crazo@elarc.org

**\*Checks Payable to ELARC only will be accepted.**

**Class registration will not be accepted until check is received. Please RSVP as soon as possible as seating is limited to 30 people. NO refunds except in case class is cancelled or check is received after class is sold out (checks will be returned un-cashed) Registrations are transferable to another staff person, but not to future training sessions.**

**•Email is required for Pre-registration**

## **Overview of Developmental Disabilities**

**Tuesday, August 28, 2018**

### **Time and Location:**

9:30a.m. - 12:00p.m.

ELARC Boardroom

1000 S. Fremont Ave

Alhambra, CA 91803

Name(s): \_\_\_\_\_

Agency Name: \_\_\_\_\_

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

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

Daytime Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_