

ELARC U: A Learning Community

Service Provider Institute Person Centered Practices Academy



2 Day Training

PRESENTED BY:

Liz Rodgers

Autism Specialist & Certified PCT Mentor Trainer

Monserrat Palacios

Person Centered Practices Coordinator PCT Trainer Candidate

Karen Sibrian

Information & Training Specialist PCT Trainer Candidate

- Participants will develop skills in person centered thinking through a series of discussions, applied stories, and guided activities.
- Vendors completing this training will be noted as a vendor who practices Person Centered Planning approaches

2021 Dates

- **February 23 & 24**
- April 20 & 21
- June 22 & 23
- August 24 & 25
- 🖊 October 19 & 20

9:30am-4:00 pm (both days)

Cost FREE for both days

Participants must attend both days and provide completed skills to trainer in order to receive a certificate

2 day training will be held remotely via Zoom

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PRE-REGISTRATION REQUIRED

Attendance is limited to 15 participants. The virtual training will be conducted via Zoom. This is an interactive training. Therefore, we ask that registrants participate via laptop or technology that allows for full participation with video camera and microphones on in order to create an environment that enables group work and discussion. The training will also require completion of skills to be turned into the trainer prior to receiving a certificate of attendance. For further information, contact Eren Perez at eperez@elarc.org.

REGISTRATION FORM

To register, please complete the following form

Registration is free for both days*

Email Registration Form to:

Eren Perez - eperez@elarc.org

Please RSVP as soon as possible as seating is limited to 15 people.

Registrations are transferable to another person from the same agency, but not future training sessions.

Person Centered Thinking 2021 Dates

Time and Location:

9:30 a.m.-4:00 p.m.

Via Zoom

* Zoom link will be provided upon receipt and confirmation of registration Please indicate the name and session date for each person attending the training

Name(s):	Session Date:	
Agency:		
Address:		
City:	_ State:	Zip Code:
Daytime Telephone of attendee:		
**Email:		

^{**}Must provide e-mail address. Confirmations will be sent via e-mail