

**Space is limited.**

**Register by April 30, 2012**

If you have any questions please call or e-mail:

**Chris Francl**

**985-893-3298**

**[chrisfrancl@hughes.net](mailto:chrisfrancl@hughes.net)**

**Dianne Mathis**

**405-271-5700 ext 45143**

**[dianne-mathis@ouhsc.edu](mailto:dianne-mathis@ouhsc.edu)**

Please return application to:

**Jennifer Winfrey**

**Early Foundations: Autism Model and Outreach Project**

**3901 NW 63<sup>rd</sup> Street, Suite 100**

**Oklahoma City, OK 73116**

**Fax: (405) 842-9992**

Email 04/2012



**Autism Symposium**

**June 2012**

**Family Application**

**Sponsors:**

Oklahoma State Department of Education:  
Special Education Services

University of Oklahoma Health Sciences Center:  
Center for Learning and Leadership  
Child Study Center - Project PEAK, Early Foundations, LEND

Oklahoma Developmental Disabilities Council

**Purpose:**

The Autism Symposium is designed to train teachers and other school providers in classroom strategies for children with autism while parents and other family members discuss family issues and learn about strategies for home and other environments

**Schedule:**

**May 31, 2012** **8:30 to 4:00**

Families attend training with teachers without their children

**June 1, 2012** **8:30 to 12:30**

Families attend training with teachers without their children

**June 4-8, 2012** **9:00 to 12:00**

Children attend classes and families attend training

**Application Process:**

The application process is used to ensure that children of varied ages and abilities are selected and matched in a way that creates a positive classroom experience for all of the children attending. Priority will be given to the following:

- Children 4-8 years of age
- First-time participants

The participants' learning experiences are dependent on your child being present each day. For this reason, a family who applies **MUST** make a commitment to have their child attend classes all five days of the training, June 4-8. Parents must attend the all 7 days of the training.

**For safety reasons all children who attend the Symposium must have a family member or other caregiver on site during the morning classes.**

If you are interested in having your child attend this special event and will be able to make a 7-day commitment, please fill out the application and return by **April 30, 2012**. Space is limited. Stipends will be available to help defray the costs incurred for travel and childcare.

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**Application Form**

Child's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

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

Parents' names \_\_\_\_\_

School District \_\_\_\_\_

Has your child been diagnosed with:  
\_\_\_\_Autism \_\_\_\_Asperger Syndrome \_\_\_\_PDD-NOS \_\_\_\_Other (please list)

What is your child's primary means of communication? (please circle)  
gestures sounds sign language  
pictures single words phrases/sentences

Does your child have any special dietary needs, allergies or other health conditions? If so, please describe \_\_\_\_\_

Does your child present any particular behavioral challenges that it would be helpful for us to know about in advance to provide a safe environment? If so, please describe \_\_\_\_\_

Give examples of your child's special abilities or best skills.  
\_\_\_\_\_  
\_\_\_\_\_

Give examples of your child's greatest challenge(s).  
\_\_\_\_\_  
\_\_\_\_\_

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