

Department of Economic Security  
Division of Developmental Disabilities

**Behavioral Habilitation Training for  
Those Serving Young Children with Autism (0-5)**  
June 2006

The Division of Developmental Disabilities serves children who have, or are at risk for having autism. Many families of these children choose to use their habilitation hours to implement a program to help their child develop skills, as well as understand and treat difficult behaviors. The program is based on the principles of applied behavior analysis (ABA).

The Division and the Institute for Human Development (IHD) at Northern Arizona University are pleased to pilot a training program for habilitation providers and parents composed of an introduction to autism, positive behavior supports and applied behavior analysis.

In conjunction with IHD, and several agencies currently providing services, the Division will offer the initial nine hour training in June 2006. The training will be delivered by professionals who meet the newly developed qualification of "Habilitation-Behavioral."

A competency-based examination, certifying completion of the training and an understanding of the concepts, will be given to all participants immediately following the nine-hour training. Those who pass the examination will have their names kept on file, and will be able to tell families they have met the competencies in this specialized training.

Be a part of the first group of providers to receive training and take the exam. The nine-hour training and exam that follows will be offered in the following cities on these dates.

**All sessions will start promptly at 8:30 am, break for lunch, and conclude at 2:30.  
Registration will begin at 7:30 am**

<b>PHOENIX</b> June 5 & 6, 2006	<b>TUCSON</b> June 12 & 13, 2006	<b>FLAGSTAFF</b> June 29 & 30, 2006
EMBASSY SUITES 2630 EAST CAMELBACK RD PHOENIX, AZ 85016 (602)955-3992	DOUBLETREE HOTEL 445 S. ALVERNON WAY TUCSON, AZ 85711 (520) 881-4200	LA QUINTA INN & SUITES 2015 SOUTH BEULAH BLVD FLAGSTAFF, AZ 86001 928-556-8666 / 800-531-5900
Hotel Rate - <u>\$99.00 per night</u> Reserve hotel room by calling : <u>Janis 602-955-4104</u> Reference: <u>Northern Arizona University</u>	Hotel Rate - <u>\$76.00 per night</u> Reserve hotel room by: <u>May 28, 2006</u> Reference: <u>Northern Arizona University</u>	Hotel Rate - <u>\$59.00 per night</u> Reserve hotel room by: <u>June 15, 2006</u> Reference: <u>NAU – Institute for Human Development</u>

Following completion of this pilot the Division will evaluate further implementation of this effort to others across the State. The Division is determining when this training and examination will be mandatory for all who provide behavioral habilitation for young children with autism.

For more information about registering, contact Pam Peute (928-523-1404).



**NORTHERN  
ARIZONA  
UNIVERSITY**

**Behavioral Habilitation Training for  
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**REGISTRATION FORM**

**PAGE 1 OF 3**

Registration and payment instructions

Please complete and fax this page and a copy of your payment to the number below. A \$10.00 (per person) fee is due at the day of the training. To receive confirmation, a copy of your check, money order or Purchase Order statement is required with this registration form. You may also pay with cash on the day of the training. Check appropriate box on the Payment Method Section. You will receive email / mail confirmation. Make checks out to: Institute For Human Development.

FAX: This page plus a copy of the \$10.00 check or PO to: 928-523-9127  
Attention: Pam Peute

REGISTRATION FORM	
First Name _____	Last Name _____
Address _____	
Email address _____	City, State, Zip Code _____
Age of children you support? _____	( _____ ) _____
Are you an Independent Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	Day Phone number _____
What Agency/Organization do you work for? _____	( _____ ) _____
Agency/Organization _____	Evening number _____
	( _____ ) _____
	FAX number _____

**I AM REGISTERING FOR:**

**PHOENIX**  
June 5 & 6, 2006  
EMBASSY SUITES

**TUCSON**  
June 12 & 13, 2006  
DOUBLETREE HOTEL

**FLAGSTAFF**  
June 29 & 30, 2006  
LA QUINTA INN & SUITES

**PAYMENT METHOD:** Check appropriate box, sign & date.

- I agree to bring in my payment of \$10.00 in cash to the day of the training.
- I am forwarding a copy of my payment with this fax and agree to bring the original on the day of the training.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date



**Behavioral Habilitation Training for  
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REGISTRATION FORM  
PAGE 2 OF 3**

**DDD Districts**

**in which you provide services**

(check all that apply)

- District I** (Maricopa County)
- District II** (Pima County)
- District III** (Apache, Coconino, Navajo and Yavapai Counties)
- District IV** (Mohave, Yuma and La Paz Counties)
- District V** (Pinal and Gila Counties)
- District VI** (Cochise, Graham, Greenlee and Santa Cruz Counties)

**Behavioral Services Provided**

(please check how long you have been providing these services and if you are a QV (Qualified Vendor))

- Direct habilitation services**  

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0-2	3-5	6-10	11+	QV
- Assessment and Consultation to families/caregivers**  

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0-2	3-5	6-10	11+	QV
- Training to groups of families/caregivers**  

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0-2	3-5	6-10	11+	QV
- Supervision/Mentoring for Intensive Behavioral habilitation providers**  

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0-2	3-5	6-10	11+	QV

**Services Provided to what age group?**

(check all that apply)

- 0-5 yrs
- 6-21 yrs
- 22-65 yrs
- 65 +

**Services Provided Where:**

(check all that apply)

- Family Home
- Individual Home/Apartment
- In Group Home
- In School
- In Community
- On the Job
- On other Center-based Services

**Education and Certifications**

**Education Completed**

(check all that apply)

- GED
- High School
- Associates
- Bachelors
- Masters
- Doctorate

## Current Licenses or Certifications

(check all that apply)

- Article 9
- CIT
- Person-Centered Planning
- Qualified Vendor Hab- Behavior: Bachelors
- Qualified Vendor Hab- Behavior: Masters
- Board Certified Associate Behavior Analyst
- Board Certified Behavior Analyst
- General Education Teacher
- Special Education Teacher
- Speech/Language Pathologist
- Occupational Therapist
- Physical Therapist
- Clinical Counselor, Family Therapist, MSW
- Psychologist
- Psychiatrist
- Other: \_\_\_\_\_

## References

(optional)

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

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

\*\*\*

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

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

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(0-5)

# REGISTRATION FORM

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Thank you for taking time in filling out  
this form. The information you provided  
will be entered into our Behavioral  
Habilitation Provider Database and will  
be strictly confidential.

This completed form can be:

- Faxed: 928-523-9127 Attn: Pam Peute
- Emailed: pamel.peute@nau.edu
- Submitted to me on the day  
of the training
- Mailed to:

Northern Arizona University  
Institute for Human Development  
Attn: Pam Peute

Box 5630 Flagstaff, AZ 86011-5630