

Community Connections

Training

NORTHWEST OHIO WAIVER ADMINISTRATION COUNCIL
(NOWAC)

CORRESPONDENCE COURSE NOW AVAILABLE!!

Designed for County Board, Agency & Independent Providers.

Helping Individuals with DD Make Community Connections.

This informative correspondence training will focus on how staff can identify the interests of individuals with developmental disabilities so staff can better connect individuals to the community around them. Not only is it important to get individuals out of their homes and work sites, but interacting with everyone they encounter, including persons with disabilities and without disabilities. Training will include the teaching of social skills so individuals may approach others confidently and appropriately to build strong relationships that will last. Resources and ideas for connecting individuals in their communities will be provided.

Topics will revolve around the proper role of staff as teachers, enabling individuals to make and maintain connections in the community. Come prepared to share your success to help individuals with DD belong out there!

LOCATION

You take the class in the comfort of your own home. Training packets may be either emailed to you or you may pick up a training packet from the NOWAC Office, 815 E Second St, Suite B, Defiance, OH.

CONTINUING EDUCATION

Continuing education credits from The Department of Developmental disabilities (DODD) in the areas of Adult Services/Day habilitation, Investigative Agent, Early Intervention, Service & Support Administration, and Supt/Asst Supt (Services/Programs/Supports Stream). In order to receive credit and a certificate of completion, you must return the quiz and obtain a passing grade.

COST

\$25.00 per person registration fee.

REGISTRATION AND PAYMENT

To register, mail your registration form & payment to: Laurie Schey, NOWAC, 815 E Second St, Suite B, Defiance, OH 43512. Checks should be made payable to NOWAC. Please call Laurie at (419) 782-4011 or email laurie@nowac.com with questions.

REGISTRATION FORM:

Name: _____

Address: _____

Daytime Phone: _____ E-mail: _____

Agency/Board/Independent Provider: _____

Amount Enclosed: _____ (cost is \$25.00 per person)