APPLICATION

Intensive 3-Day Vocational Programming & Workshop

2016 - 2017

HANDS in Autism®
Interdisciplinary Training
& Resource Center

1130 W Michigan Street
Fesler Hall, Suite 302
Indianapolis, IN 46202

HANDSinAutism.iupui.edu
hands@iupui.edu
(317) 274-2675

The HANDS (Helping Answer Needs by Developing Specialists) in Autism® Interdisciplinary Training & Resource Center s located within the Department of Psychiatry at the Indiana University School of Medicine. Support for the foundational development of the HANDS in Autism® Center has been provided through a combination of federal and state funding as well as private philanthropies. To learn more, please contact Naomi Swiezy, Ph.D. HSPP, Director, at nswiezy@iupui.edu or find us at HANDSinAutism.iupui.edu

About Us:

The HANDS in Autism® Interdisciplinary Training and Resource Center (i.e., HANDS) was developed in 2004 with foundational support from the Centers for Disease Control and Prevention (CDC) and ongoing supports derived from multiple state agencies and a wide variety of charitable and philanthropic organizations and individuals to extend outreach and training efforts across settings and within communities. The Center is currently an auxiliary to the IU School of Medicine (IUSM) and, though with an emphasis on ASD, the practices and procedures are well documented and have been utilized with demonstrated benefit across a wide range of settings (e.g., schools, medical practices, residential settings and job sites) as well as with documented impact across the lifespan and with a range of disabilities. The interdisciplinary composition of the HANDS Team allows for diverse perspectives and expertise for providing innovative, research-based, and practical trainings and technical support across service providers, primary caregivers, and individuals with special needs. The HANDS model incorporates a comprehensive curriculum and framework that is taught systematically to ensure the learning of a foundational process for decision making. Trainings emphasize: (1) building on individual strengths, (2) delivering comprehensive training, (3) utilizing a data-driven decision making process, (4) blending evidence-based intervention strategies, and (5) incorporating hands-on practice, coaching and mentoring for participation.

About the Application Process:

Applications are accepted and participants notified on a first-come, first-serve basis for all trainings. Applicants will be ranked according to their applications and those accepted will be notified via email.

This Training is Intended for Any of the Following:

The primary audience for the workshop is employment service providers, job coaches and employment service managers who provide services through Vocational Rehabilitation. However, the content and format of the workshop is also beneficial for Vocational Rehabilitation counselors, regional managers, and supervisors; BDDS managers, staff, personnel, and counselors; transition coordinators, secondary special educators, administrators, and other professionals working to address the transition and vocational challenges of individuals with communication, developmental, behavioral, or other disabilities. The 3-day workshops will be offered at least monthly with limited seating available per workshop. Persons outside of the primary audience (i.e., employment service providers) who are interested in attending are encouraged to submit applications for consideration to be placed on a waiting list. Seats not filled by the primary audience 2 weeks prior to scheduled trainings may be filled by those on the waiting list.

Participants Selected will:

- Attend all three days of training, missing no more than 30 minutes on a single day or 90 minutes total.
- Complete the pre– and follow-up training packets in full; this data is essential for assessing the overall effectiveness of the training program.
- Have an eagerness to learn, participate in discussions and practice new approaches and techniques in role play and hands-on opportunities with HANDS trainers observing and providing immediate feedback.

What You Can Expect:

As a training participant, you will gain knowledge and understanding of the topics listed below, be exposed to individuals with ASD and a range of neurodevelopmental disabilities with the ability to observe and shadow HANDS staff working with the individuals, and have the opportunity to practice and receive feedback on techniques and approaches introduced in training. The following content will be covered throughout the training:

- Vocational, behavioral and functional assessments
- Ongoing data-driven decision making
- Goal development and writing
- Visual and physical structure
- Choreography (work schedules)
- Prompting and skills-teaching methods
- Behavioral intervention
- Social–communication skills training
- Maintenance and generalization

Pre-training Packet:

Participants will be required to complete a pre-training packet which includes two questionnaires. This packet will be mailed to your primary address and is required prior to training. This packet takes approximately 1 hour to complete.

Pre-training Web Modules:

Participants will be required to complete multiple introductory training modules prior to attending training. These training modules will be completed online and require high speed internet access. These trainings will ensure that each participant begins training with a common base of understanding of the HANDS program. The modules also include short quizzes to test your understanding of the content. These trainings will be made available to you upon completion of the Pre-training packet and are due prior to training.

Follow-up Training Packet:

The follow-up training packet will consist of 2 questionnaires to inform us about the retention of knowledge and use of practical strategies covered in training, and an overall evaluation of the training. It should take approximately 1 ¼ hour to complete the follow-up training packet. This packet will be sent to your primary address approximately three months after completing training and will be due two weeks after receipt.

Continuing Education Credits:

Continuing Education
Approximately 26 contact hours will be awarded to those participants who:

- Complete the pre-training packet
- Complete the online modules and quizzes
- Attend 3 days of training
- Complete the follow-up training packet

Certificate of attendance noting your contact hours will be mailed out to participants after the completion of the follow-up packets. Additional contact hours will be available for completing the web modules. Follow the modules' instructions to receive documentation of contact hours via email.

Cost of Training:

The cost of this training is **$50** out of pocket for all participants registering as a VR provider/personnel. These funds will cover the cost of snacks, parking, and materials. Lunch will be the responsibility of the participant. For others registering as non-VR providers, the cost of training will be **$450**. Payment may be made by credit card, check or PO and must be received prior to the application deadline noted on this application to reserve a spot in the training. If you are unable to attend training, we require a 24 hour notice (prior to the start of training) and the application will be transferred to another participant or another training date. No reimbursements will be issued. Support for this program has been provided through partners at Family and Social Services Administration (FSSA), Bureau for Rehabilitation Services (BRS), and from other private and non-profit organizations.

Deadlines:

5pm EST on dates two weeks prior to training start dates.

Primary Contact Information:

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Phone (day): _____ Fax: _____

*** Most of our communication with you will occur via e-mail and postal delivery service**

Alternate Contact Information:

E-mail: _____ Phone (day): _____

Pre- and follow-up training packets will be mailed to your primary address.

Check the Session You Would Like to Attend:

_____ Session 1: October 19th - 21st, 8:30am - 4:30pm EST
_____ Session 2: November 30th - December 2nd, 8:30am - 4:30pm EST
_____ Session 3: January 25th - 27th, 8:30am - 4:30pm EST
_____ Session 4: February 22nd - 24th, 8:30am - 4:30pm EST
_____ Session 5: March 8th - 10th, 8:30am - 4:30pm EST
_____ Session 6: March 22nd - 24th, 8:30am - 4:30pm EST
_____ Session 7: April 26th - 28th, 8:30am - 4:30pm EST
_____ Session 8: May 3rd - 5th, 8:30am - 4:30pm EST
_____ Session 9: May 17th - 19th, 8:30am - 4:30pm EST
_____ Session 10: May 31st - June 2nd, 8:30am - 4:30pm EST

Do you know of other professionals from your agency or organization who would apply for one of the HANDS intensive trainings? If yes, please list their names and the training date for which they are or have applied:

_____

_____

_____

How did you hear about our training program? _____

Education:

Degrees: _____

Certification/Licensure: _____

Employment:

Primary Title/Position (please check most appropriate answer)

_____ Vocational Rehabilitation Counselor
_____ Job Coach
_____ Employment Service Managers
_____ Regional Managers and Supervisors
_____ Social Worker
_____ BDDS Managers, Staff, Personnel, or Counselors
_____ Transition Coordinators
_____ Secondary Special Educators
_____ Administrators
_____ Other (please specify):

Current Employer: _____

School District/Township/Co-op (if school): _____ Start Date: _____

County in which services are provided: _____

Setting (describe where you work on a daily basis): _____

Previous Employers (your last 3 positions or 5 years of employment)

Title/Position: _____

Employer: _____

Start Date: _____ End Date: _____

Title/Position: _____

Employer: _____

Start Date: _____ End Date: _____

Title/Position: _____

Employer: _____

Start Date: _____ End Date: _____

Experience:

Are you currently working with clients in a vocational rehabilitation program? _____

Are you in the state of Indiana? _____

Are you currently working with individuals with autism spectrum disorder (ASD)? _____

How long have you worked with individuals with autism and related disorders? _____

What is the age range of individuals you serve? _____

What is the disability level or severity of individuals you serve? _____

What is the eligibility category/diagnosis of most individuals you serve? _____

What types of placements have you worked in? (check all that apply)

__ Public __ Private __ Residential __ Urban __Suburban __Montessori __Rural

__ Magnet __ Charter __ Other

What types of placements have you worked in recently? (check all that apply)

__ Worksite Support
__ Vocational Rehabilitation
__ Job Readiness/Training
__ Outpatient Treatment/Therapy
__ School Environment
__ Higher Education (post-secondary) Support
__ Consultation with Outside Providers
__ Private Office Setting
__ Residential Setting

Professional Development:

Please list representative professional development you have attended in the ***past 2 years*** that are relevant to addressing the needs of individuals with special needs. Please include and note any workshop or training opportunities attended that were conducted by HANDS trainers.

Year	Topic	Length and # of contact hours	How were you able to apply it to your daily work?

Applicant Questions:

Please answer the following questions in 3-5 sentences. Each applicant must complete these questions individually. If you are sending your application via mail, please submit your responses in a separate document.

- What is your current position? How do you serve individuals with disabilities? Please describe your daily work and interactions.
- Do you plan on attending with other individuals from your organization? (Please list names and titles/roles)
- Please describe both the positive and negative aspects of the outreach and/or training experiences you have had in the past year?
- What are your professional goals?
- What do you hope to gain from the HANDS Intensive Training?
- How might this complement your previous training or professional experience?
- Describe your approach to working with individuals with special needs?

Submit Application:

Completion of applications online is preferable. You have the option to start your application, save it, and complete it at a later time. Please be aware that applications must be completed in full, and submitted by 5:00pm (EST) on the due date as listed in the Session Date section in order to be considered. Applications can also be submitted by mail and must be received in our office by 5:00pm (EST) on the due date. Since campus mail can occasionally result in mail delivery delays of up to 3 weeks or more, applicants are encouraged to apply online (HANDSinAutism.iupui.edu/handsIntensive.html). However, if you choose to mail your application, be sure to allow sufficient time for it to reach our office by the deadline. Applications can be mailed to the following address:

HANDS in Autism
Intensive VR Training Application
1130 W. Michigan St., FH Suite 302
Indianapolis, IN 46202