

PRT Training Registration Form
January 12-13, 2010
1333 N. Kingsbury St., Ste. 100
Chicago, IL 60642

Deadline for Registration: **August 18, 2009**

First Name	Last Name	Phone (Including area code)
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Street Address	City	State	Zip
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Please select your role:

- Parent Clinician

Trainees: Must attend all morning lectures and one afternoon timeslot on both Tuesday and Wednesday. (BYOC—Bring Your Own Client/Child) Clinicians must bring the same client to attend BOTH afternoon therapy sessions. **PRT Training Fee: \$500**

TUESDAY	WEDNESDAY
<p><i>Morning</i></p> <p>Lecture: 9am – 12pm</p> <ul style="list-style-type: none"> ▪ History & Development of Autism Interventions ▪ Pivotal Response Treatment Procedures ▪ Using PRT to Teach Communication: First Words <p><i>Afternoon:</i> Please rank order your preferred time slot.</p> <p>_____ 1:00-2:30 (1:00-1:45 with the consultant)</p> <p>_____ 1:45-3:15 (1:45-2:30 with the consultant)</p> <p>_____ 2:30-4:00 (2:30-3:15 with the consultant)</p> <p>_____ 3:15-4:45 (3:15-4:00 with the consultant)</p> <p>_____ 4:00-5:30 (4:00-4:45 with the consultant)</p> <p>_____ 4:45-6:15 (4:45-5:30 with the consultant)</p> <p>_____ 5:30-7:00 (5:30-6:15 with the consultant)</p>	<p><i>Morning</i></p> <p>Video Feedback: 9am – 12pm</p> <ul style="list-style-type: none"> ▪ Videotapes from previous day are reviewed and feedback provided in a group setting <p><i>Afternoon</i> Please rank order your preferred time slot</p> <p>_____ 1:00-2:00 (1:00-1:30 with the consultant)</p> <p>_____ 1:30-2:30 (1:30-2:00 with the consultant)</p> <p>_____ 2:00-3:00 (2:00-2:30 with the consultant)</p> <p>_____ 2:30-3:30 (2:30-3:00 with the consultant)</p> <p>_____ 3:00-4:00 (3:00-3:30 with the consultant)</p> <p>_____ 3:30-4:30 (3:30-4:00 with the consultant)</p> <p>_____ 4:00-5:00 (4:00-4:30 with the consultant)</p> <p>5:00-5:30—Break</p> <p>5:30-7:30—Dinner and Discussion</p>

