

# Positive Behavioral Supports

2 day Training

June 6 and June 14, 2019

## Positive Behavioral Supports Training

This two day workshop is designed for staff in supervisory and program management roles that serve individuals struggling with behavioral challenges. The comprehensive workshop will go over the Functional Assessment tool and its proper implementation, as well as how to apply the results and various behavioral principles when writing a behavioral support plan. Because of the interactive nature of the training, participants will have the opportunity to begin developing a positive support plan during the class. A wide variety of different assessment tools and resources will be shared with participants.

### Prior to Attending this Training:

Participants are encouraged to complete the Positive Support Rule (MN Rule 9544) training offered through MN DHS Trainlink.

**Please note:** Participation in this training alone does not meet all specifications to write Positive Behavior Support Plans per 245D Licensing specifications.

**Participants must attend both days of this training**

Registration Deadline  
May 29, 2019

### Positive Behavioral Supports

**Day 1:** Thursday, June 6, 2019

**Time:** 9:00 am to 4:00 pm

**Day 2:** Friday June 14, 2019

**Time:** 9:00 am to 1:00 pm

**Location:** Cardinal of Minnesota, Rochester

|                         |                    |              |
|-------------------------|--------------------|--------------|
| <b>Cost Per Person:</b> | <b>Members</b>     | <b>\$150</b> |
|                         | <b>Non-Members</b> | <b>\$185</b> |

This will include lunch and snacks

### Location: Cardinal of Minnesota

3008 Wellner Drive NE

Rochester MN

(507) 281-1077

Find Directions and Map at:

[www.cardinalofminnesota.com](http://www.cardinalofminnesota.com)

### Trainers:

**Mentoring Group Trainers**





## ***Registration for:***

### **Positive Behavioral Supports**

Day 1: Thursday, June 6, 2019

Day 2: Friday, June 14, 2019

**Registration is limited to 20 participants**

### **PLEASE**

Return your registration  
and payment to:

Providers Network  
C/O Debra Niedfeldt  
908 17th Ave. NE  
Rochester, MN 55906

Agency: \_\_\_\_\_

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

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

#### **Participants:**

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

5. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Registration Deadline  
May 29, 2019**

Cost Per Person:

Members - \$150

Non-Members - \$185

Amount Enclosed: \_\_\_\_\_

Questions: Deb Niedfeldt dgn@charter.net 507-282-0971

Visit our Website at: [www.providersnetwork.net](http://www.providersnetwork.net)