



Region I Educator and Provider Support Presents:

All Means All: Supporting Trauma Survivors and Students with Social Emotional Trauma - ONLINE

This training will provide background and history on:

- Inclusion vs. exclusion
- Survivors of trauma, abuse, and homelessness
- Common emotional and behavioral disabilities & challenges
- Concrete strategies to support children with any of the above challenges
- Cultural perspectives and etiquette on inclusion
- Creating a shift in program culture towards inclusion
- Troubleshooting barriers and challenges
- Building and implementing a work plan to improve inclusion

QRIS Alignment: Curriculum and Learning



Dates: February 13 – March 3, 2017

Location: The comfort of your own home

Presenter: BOSTnet

Credits: .5 CEU, 5 EEC Training Hours

Audience: GCC, FCC, OST & Public School Preschool

Cost: \$25.00

Core Competency: 2. Guiding and Interacting with Children and Youth

Category of Study: 6. Children with Special Needs, Birth – 16 Years



This training is supported with funding from the Educator and Provider Support (EPS) grant, Department of Early Education and Care.

ONLINE – All Means All: Supporting Trauma Survivors and Students with Social Emotional Trauma - February 13, 2017

Please **PRINT CLEARLY** and fill in **all information** – you will not be registered if form is incomplete.

One form per person.

Last Name: _____

First Name: _____ DOB: _____

Home Address: _____

City/State: _____ Zip: _____

Personal Phone: _____

Email: _____

Name of Program (If applicable): _____

MA EEC Program ID # (Not License #): _____

Position: _____

Work Phone: _____

EEC PQ Registry # _____

PQR # expiration date: _____

Please check type of program you work in (only one):

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Family Child Care | <input type="checkbox"/> Infant/Toddler | <input type="checkbox"/> Preschool |
| <input type="checkbox"/> School Age | <input type="checkbox"/> Public School | <input type="checkbox"/> Other |

_____ This training is relevant to my Individualized Professional Development Plan (IPDP)

*Training must be relevant

Are you pursuing: (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> HiSet (GED) / ESOL | <input type="checkbox"/> College Degree |
| <input type="checkbox"/> CDA | <input type="checkbox"/> EEC Certification |

Total amount enclosed: _____

Make checks payable: **Valley Opportunity Council**

Mail to: **Preschool Enrichment Team**

35 Mt. Carmel Avenue, Chicopee, MA 01013

Phone: 413-736-3900 Toll free: 877-478-7727

Fax: 877-635-0920

Register on-line:

www.preschoolenrichmentteam.org

Charge Accounts

- | | |
|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Am Express | <input type="checkbox"/> Discover |
| <input type="checkbox"/> Master Card | <input type="checkbox"/> Visa |

_____ Account Number

Expiration Date: _____ CVV2 #: _____

_____ Signature