



# IEP Parent Empowerment Training for Parents of the Child/Teen with PWS

*Learn How to Get What Your Child Needs from School*

**Learn what you need to know before your next IEP meeting:**

- ✓ How does a school determine what services are necessary?
- ✓ How does a school determine whether a 1:1 aide is appropriate?
- ✓ How do I know if my child is benefiting from the services in the IEP?
- ✓ What are the needs of my child? How can I make sure she/he participates with other kids?

**em-pow-er-ment (noun)**

the process of becoming stronger and more confident, especially in controlling one's life and claiming one's rights.



**By the end of this training, you will feel EMPOWERED and have your own personal IEP Binder to use at your next IEP meeting!**  
**Bring your child's current IEP to get the most from this interactive workshop.**

Presented by **Roger Goatcher**, PWCF President and Deputy Superintendent of Special Education.

**Date:** Sunday, January 28, 2018

**Time:** 10:00 a.m. – 2:00 p.m.

**Place:** **Beach Cities Health District Complex**  
 Beach Cities Room (Lower Level)  
 514 N. Prospect Avenue  
 Redondo Beach, CA 90277

**Childcare:** **Child care is provided free of charge, courtesy of PWCF. Space is limited.**  
 Call the PWCF office as soon as possible with your childcare needs. Childcare is held in The Clubhouse located on the second floor. Take your child/children to The Clubhouse at 9:50 a.m. to be on time for the meeting.

**Training Registration Includes Lunch & IEP Binder**  
**Please pack a healthy lunch for your child/children.**

**Questions:** Call the PWCF Office at 310-372-5053 or toll free 800-400-9994

**IEP Parent Empowerment Training Registration Form**

PWCF Members \$35 // Non-Members \$50

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Name(s) \_\_\_\_\_

Number Attending \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Amount Enclosed/To Be Charged: \$ \_\_\_\_\_  Check payable to PWCF  
 Credit Card

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Card No. \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_  
(on back of card)

Billing Address \_\_\_\_\_  
(if different from address above)

**☎ 310-372-5053 or 800-400-9994**  
**🌐 www.pwcf.org Fax 310-372-4329**

**Prader-Willi California Foundation**  
**514 N. Prospect Avenue**  
**Suite 110-Lower Level**  
**Redondo Beach, CA 90277**