

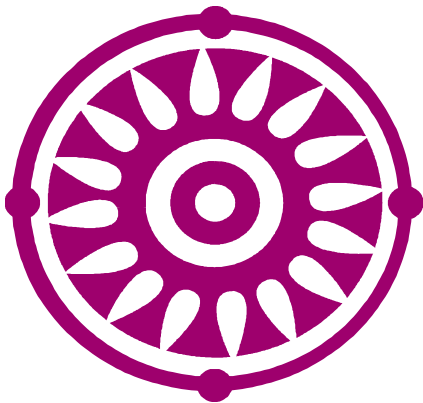
WHAT WOULD YOU DO?

Ethics & Boundaries Training & Conversation

Milwaukee Trainings

Radisson Hotel
2303 Mayfair Road

with
Mark Sweet, PhD and Peter Leidy



For family members and human service professionals involved with those who are elders, people with physical or intellectual disabilities, or people experiencing mental illness...

Another way to think and learn about ethics and boundaries. These sessions are designed for people who want to think about the meaning of our current concepts for community support and the role each of us plays.

This 4-hour training will offer relevant information for professionals operating waiver services: CIP, COP, SDS (IRIS), Managed Care, and ADRCs; as well as APS, SHC, and Child Protection Services. We also invite people with disabilities, family members, guardians, tribal members and other community members to attend.

We have created these sessions as forums for conversation about both protecting people's safety and advocating for full community lives that include a variety of relationships.

People from all angles of support make many decisions every day that affect the lives of those who receive support.

We will consider situations in the lives of people from their teen years through old age and ask:

Mark Sweet, Ph.D. has been a special education teacher and a university instructor in teacher education. He is Trainer and Consultant with Disability Rights Wisconsin (DRW). In this role, Mark works with school districts, supported work and supported living organizations, consumer and parent groups, long term care programs and others. Mark also works with Wisconsin's Violence Against Women with Disabilities project (VAWA). The emphasis of his work is to help people refine and individualize their support by focusing on learning patterns and communications styles, and by inviting people to imagine what it's like to be the person receiving support.

Peter Leidy has been learning from people with disabilities since 1983. For 20 years he worked for Options in Community Living, a supported living agency in Madison, Wisconsin. His roles included direct support, service coordination, staff recruitment, supporting direct service staff, community building, and administrative responsibilities. Peter develops training materials and conducts trainings on a wide variety of topics. He also consults with individuals, families, organizations, counties, and states in areas such as supported living, self-determination, organizational development, building community relationships, and supporting and valuing staff.









Ethics & Boundaries issues that emerge as people move into community settings, as well as people who are already living in the community, challenge our thinking about: least restrictive/most integrated, empowerment, choice, responsible risk, autonomy, and outcomes.

WHAT WOULD YOU DO?

Please retain a copy of your registration form.

Registration Form

To Ensure Successful
Registration:

-  Check the correct training date.
-  Make Check payable to DD Network, Inc.
-  One name per registration form.
-  Space is limited. Reservations are on a first come first serve basis.
-  NO registrations by phone, fax or email.
-  Sorry, no confirmations will be sent.
-  **No refunds but substitutions are OK with proper notification.**
-  The DD Network tax number (FEIN) is 39-1684093.

**Mail registration and payment to: DD Network, Inc.
PO Box 8335
Madison WI 53708**

Check one	Milwaukee Training Dates	Cost	Registration DUE BY:
	Radisson Hotel 2303 N. Mayfair Road		
	June 17, 2009 12:30-4:30	\$35.00	June 3
	June 18, 2009 8:30-12:30	\$35.00	June 3

Register to attend the presentation
that is convenient for you.



These trainings are
sponsored by The Bureau of Long
Term Support and coordinated by the
DD Network.



Registration Questions?

registrations@ddnetworkinc.org

REGISTRATION FORM

Please print clearly.

Name: _____

Agency: _____

Title: _____

Check all that apply: I work with children.
 I work with adults.

Address: _____


City: _____

State: _____ Zip: _____ - _____

Telephone : (____) _____ - _____

County: _____

E-mail address _____ @ _____

 Please identify any accessibility needs:

*Requests must be submitted at least 3 weeks prior to the
training to allow for proper processing time.*

Method of Payment: One MUST be checked.

- Check enclosed.
- Agency purchase order (PO) enclosed.
- Agency PO or check to follow.

Check our website for up to date information: www.ddnetworkinc.org