

The Theraplay® Institute presents 2012 Parent Seminar Series

All seminars will be held from 6-8PM at The Theraplay Institute
1840 Oak Ave,
Suite 320,
Evanston, IL
60201

\$25 per person or \$20 per person if you register for more than one seminar. Space is limited, so reserve your spot early.

To register, please call 847.256.7334, go online at www.theraplay.org, or email Janet Koestring at janet@theraplay.org

Thursday, February 16, 2012
Are You Tired of Time-Outs?
Dafna Lender, *MSW, LCSW*
Certified Theraplay Therapist, Supervisor, and Trainer at The Theraplay Institute

Come learn how to manage your child's difficult behavior the Theraplay way.



Tuesday, March 20, 2012
Attachment 101

Tracy Muklewicz, *MS. Ed, LCPC, NCC*
Therapist at The Theraplay Institute and Legacy Clinical Consultants

If you've found yourself dismissing the subject because "my child is already attached," or, "my child wasn't adopted," come and learn how attachment continues to impact people through the lifespan, and what you can do to strengthen your relationships.

Thursday, April 19, 2012
The ABC's of IEP's

Debra Wysong, *Intake Manager and Senior Attorney in the Special Education Clinic at Equip For Equality. **By special arrangement this seminar is free. Registration is still required.***

Do you need help navigating the complicated special education system in schools? Arm yourself with information and resources from an expert, so that you're ready for those IEP meetings to begin.

Thursday May 17, 2012
Engaging Your Child with Autism

Anita Johanson-Maddox, *MA, LCPC, DT, Registered Play Therapist*
Certified Theraplay Therapist

Learn fun and unique activities that enhance social interaction and connection between you and your child with Autism Spectrum Disorder.

REGISTRATION

To register, please complete this form and send via mail or fax along with your payment to:

The Theraplay Institute
1840 Oak Ave., Suite 320
Evanston, IL 60201
847.256.7334
847.256.7370 (fax)

You can also register online at www.theraplay.org

Name (1) _____

Name (2) _____

Mailing Address _____

City, State, Zip _____

Phone _____

E-mail _____

Credit Card Number

Exp Date _____

Security Code _____

Name on card _____