

# People Planning Together: Train-the-Trainer Workshop



This two day workshop is designed for Individuals with Intellectual/Developmental Disabilities who have a desire to develop their own plans.

The goals of these workshops are to help people who use intellectual/developmental disability services:

- Learn how to develop their own plans
- Use the plan they develop to become part of their ISP
- Use the plan to let those that support them know what is important to them and how to best support them

Registration in this class will require your attendance on **both** days:

**Central GA Technical College**  
**Building I/ Room Quad B & D**  
**3300 Macon Tech Drive**  
**Macon, GA 31206**  
*Click here to access the campus map.*

**Thursday & Friday**  
**March 20 & 21, 2014**

**SPONSORED BY:**

Georgia Department of Behavioral Health and Developmental Disabilities,  
Division of the Developmental Disabilities

# ***People Planning Together: Train-the-Trainer Workshop***

***WHO SHOULD ATTEND?*** *This program is designed for Individuals with Intellectual/Developmental Disabilities who are interested in developing meaningful plans for his/her services and supports. All participants should already receive services through the Medicaid waivers or state funded DD services. Non-readers will be supported. Each Self-Advocate should have a Secretary attend with them for both days. A Secretary is someone who knows the person well. A family member or someone who is paid to support the person and is able to provide support to the Self-Advocate is needed (ex. assistance with reading, writing, capturing information from conversations, or other supports based on the person)*

**There is no registration fee for participants.** All costs associated with this program have been provided by the Department of Behavioral Health and Developmental Disabilities.

## **WORKSHOP CONTENT**

This training is designed to teach individuals with disabilities to develop real plans that can be used as the foundation for an individual support plan (ISP). Participants will receive a step by step workbook to help them through the planning process. Non-readers will be supported to participate in the process.

**Part 1 – Providing an overview of Person Centered Planning.** Learn why you should take the time to develop a Person Centered Plan for yourself. Find out the importance of being involved in your own planning.

**Part 2 – Gathering Information about you** (*Builds on the skills taught in Part 1*) Learn how to recognize important information about yourself in order to develop a support plan that is based on things that matter most to you. Learn the difference between what is important to you and what is important for you.

**Part 3 – Gathering information from others who care about you.** (*Builds on the skills taught in Parts 1 and 2.*) Learn how to gather important information from others in order to develop a plan that is based on balancing what is important to you with what is important for you. You control what goes into your plan.

**Part 4 – Writing a Personal Support Plan that is yours based on information collected.** (*Builds on the skills taught in three previous sessions*) The Trainers will guide you through the process of writing a plan including learning how to organize all of the information gathered and record what you have learned. Then you will decide how to best use your plan. You can use it for yourself or you can share it with others to influence your planning process.

For more information about the content of this training, you may contact Fatma Ramadan - Jones at 404-657-1826 or by email at [frjones2@dhr.state.ga.us](mailto:frjones2@dhr.state.ga.us)

## **ABOUT OUR FACILITATOR:**

Bob Sattler is an Essential Life Planning trainer and member of the Learning Community for Person Centered Practices. He is a passionate advocate for people with developmental disabilities and has over 30 years of professional experience supporting people with disabilities to live and work meaningfully in the community. Mr. Sattler works with Support Development Associates to provide best practice consulting to people with disabilities as well as agencies and people who support them. He lives in Denver, CO and enjoys spending time outdoors in the mountains.

## **Workshop Information:**

Registration in this class will require your attendance on both days:

***The classes are from 9:00 am to 3:00 pm. On-site check-in begins at 8:30 am***

***Central GA Technical College  
Building I/ Room Quad B & D  
3300 Macon Tech Drive  
Macon, GA 31206  
Click here to access the campus map.***

***Thursday & Friday  
March 20 & 21, 2014***

***Registration Deadline: March 13, 2014***

Registration must be received by the deadlines listed above. **We are limiting participation to the first (10) individuals registering.** Pre-registration is required and walk-ins cannot be accommodated.

Upon submission of a registration form, participants are registered unless otherwise notified by DBHDD. There is no registration fee for participants.

Please complete the registration form in its entirety, including listing the names of your team members. Please contact Chiyana Reaves at [chreaves@dhr.state.ga.us](mailto:chreaves@dhr.state.ga.us) if you have any questions about registration.

Certificates of attendance will be provided to those who attend both days of training.

**Please Note:** While there is no fee for this training, participants are responsible for their own travel, meals, snacks and lodging arrangements. You may want to bring a light-weight jacket or sweater as trainers have no control over room temperature.

## People Planning Together: Train-the-Trainer Workshop Registration Form

**Please no more than 3 members to a team. The team may include the person who receives services, a family member and a support team member.**

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<b>Last Name</b>	<b>First Name</b>	<b>Middle</b>
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<b>Street Address</b>	<b>City/ST</b>	<b>ZIP</b>
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Home Phone (    ) _____		Work Phone (    ) _____
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**Agency/Affiliation** \_\_\_\_\_

Are you a family member?  YES  NO If so, what is your relationship \_\_\_\_\_

**Names of additional Team members who will attend with you:**

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<b>Name</b>	<b>Relationship</b>
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<b>Name</b>	<b>Relationship</b>
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Please complete the registration form and fax this completed registration form to Chiyana Reaves at 404-463-4186. If you have questions about the content, please contact Fatma Ramadan - Jones at [frjones2@dhr.state.ga.us](mailto:frjones2@dhr.state.ga.us).