

Workshop Schedule

| WORKSHOP NO. | WORKSHOP TITLE | TIME |
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| September 9 "Wednesday's Morning Session" | | |
| Keynote Speaker | Keynote Session | 10:00a.m. - 12:00p.m. |
| September 9 "Wednesday's Afternoon Session" | | |
| WS 1 | A Lifeline for Families: Ohio's communities collaborating to support children and families who have Complex needs. | 1:30p.m. - 4:30p.m. |
| WS 2 | Adolescents With Illegal Sexual Behavior (AISB). | |
| WS 3 | Adoption Network Cleveland: Best practice in service to the adoption triad. | |
| WS 4 | Focus on Prevention: Linking Child Welfare and Early Care and Education. | |
| WS 5 | Project Best: Using community change teams to bring evidence-supported treatments to children and families. | |
| WS 6 | Violence and Trauma in the Lives of Ohio's Young Children: New approaches from mental health and preschools. | |
| WS 7 | Tips on Reaching Those with Autism. | |
| WS 8 | Ethics in Culture. | |
| *WS 9 (Legal Track) | Substance Abuse, Ethics and Professionalism. (*Attorneys and judicial members ONLY) | 1:30p.m. - 4:20p.m. |
| September 10 "Thursday's Morning Session" | | |
| WS 10 | All My Foster Children. | 9:15a.m. - 11:15a.m. |
| WS 11 | Be Nice to Yourself: Dancing with the Sleepy Zombie Monster™. | |
| WS 12 | Discovering the Next Generation: Providing a sound child welfare field experience. | |
| WS 13 | Legislative Advocacy: The power of the butter and counting votes. | |
| WS 14 | Ohio's Alternative Response Journey; A View from Pilot Counties. | |
| WS 15 | Roll Out the Red Carpet: Best Practices in Recruiting. | |
| WS 16 | The Personal Impact of Domestic Adoption: Perspectives of the adoption. | |
| WS 17 | The Voices of Former Youth in Foster Care: Why addressing teen pregnancy is important. | |
| WS 18 | Using Quality Improvement to Meet Child and Family Service Review (CFSR) Outcomes. | |
| WS 19 (Legal Track) | Child Welfare and Adoption Ohio Case Law Update. | |
| September 10 "Thursday's Afternoon Session" | | |
| WS 20 | Don't talk...Don't feel: Growing up with an addicted parent - Child Welfare Implication. | 1:30p.m.-4:30p.m. |
| WS 21 | Factor the Father In. | |
| WS 22 | New Developments in Forensic Interviewing with Child Victims. | |
| WS 23 | New Media and Your Agency: Developing a 21st Century Communications Strategy. | |
| WS 24 | Preparing for the University Partnership Experience. | |
| WS 25 | Safe Care®. | |
| WS 26 | Safety Awareness: Common sense approach. | |
| WS 27 (Legal Track) | Obtaining a Special Juvenile Immigrant Visa for Undocumented Youth in the Child Welfare System. | |
| WS 28 (Legal Track) | Ohio Child Welfare Systems Improvement Efforts: CHIPS and Alternative Response. | |
| September 11 "Friday's Session" | | |
| WS 29 | A New Tool for Adoption Preparation: Children's adoption groups. | 10:30a.m. - 1:30p.m. |
| WS 30 | Kids and Critters: An interdisciplinary prevention and intervention strategies in child maltreatment and family violence. | |
| WS 31 | Perspectives from the Field: How dose alternative response look at ground zero? | |
| WS 32 | Strengthening Families Through Early Child Care and Education: A new approach in Ohio to child abuse and neglect prevention. | |
| WS 33 | Surviving Supervision: The Four Ts. | |
| WS 34 | Trauma-Focused Cognitive Behavior Therapy (TF-CBT). | |
| WS 35 (Legal Track) | Investigating Child Sexual Abuse. | |
| WS 36 (Legal Track) | Meaningful Visitation and Related Legal Issues. | |

PERSONAL INFORMATION AND CONTACT

Please PRINT or TYPE.

Full Name: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

WORKSHOP CHOICES

Please enter workshop numbers, and carefully select your workshop choices. Last minute changes may not be possible due to the room size.

9/9/2009: Morning Keynote Yes. No.

Afternoon workshop 1st choice 2nd choice

9/10/2009: Morning workshop 1st choice 2nd choice

Afternoon workshop 1st choice 2nd choice

9/11/2009: Friday workshop 1st choice 2nd choice

REGISTRATION FEES AND PAYMENT

- One-day registration \$135.00
Two-day registration \$185.00
Three-day registration \$260.00

Bill my agency, at above address.
Payment enclosed.

Name:
(Attendee's signature)

Registration Form

PLEASE CHECK ALL THAT APPLY.

- I am a director.
I am an attorney, or a judicial member.
I am a presenter.
I prefer vegetarian meals.
I want to join the conference committee.

CANCELLATION

Request for cancellation must be made in writing. A refund will be given on cancellations received by August 31, 2009. No refund will be given after this date. You may send a substitute. Please let us know in advance.

AGENCY CONTACT PERSON

(Please print or type.)

Name: _____

Phone: _____

E-mail: _____

REGISTRATION DEADLINE

Please send your registration with payment or billing arrangement by August 18, 2009.

Mail to: PCSAO Annual Conference
510 E. Mound Street, Suite 200
Columbus, OH 43215

Fax to: 614-228-5150

QUESTIONS OR NEED MORE INFORMATION

- Call 614-224-5802 or E-mail jeed@pcsao.org.
Update on the 2009 PCSAO Annual Conference, please visit our website at: www.pcsao.org/AnnualConference.htm.