

Managing Challenging Behaviors to Increase Participant Success



HIGH HOPES

Horses and Humans Improving Lives



Date:

September 19, 2020 and January 16, 2021

PATH Int'l CEUs:

7 DE **Disability Track** ♦

About:

This workshop is ideal for those seeking an interactive experience to further their understanding of participant behavior and behavior management techniques utilized in the TR and EAAT setting. The objective of this workshop is to provide instructors with an understanding of the functions of behaviors, and how to utilize research based theories and strategies to respond to difficult situations. Attendees will work in small groups utilizing strategies to problem solve common issues in the EAAT setting. The topics build upon one another as the day progresses, so at the end of the day each attendee can go home with the tools knowing the answer to the big question of:

“What do I do when my participant does _____?”

This one-day workshop can be taken as an individual day of continuing education, as part of the sixteen-day High Hopes' Approved Training Course, or as part of High Hopes' 7-day Disability Module.

Who should attend?

- PATH Intl. Therapeutic Riding Instructors
- Mental Health Professionals
- Education Professionals

Course overview:

This workshop will include discussion and practical exercises to:

- Learn behavior management techniques that will most effectively help your EAAT participants meet their goals in a positive, successful, and safe manner.
- Delve into various behaviors experienced in the TR and EAAT settings stemming from a wide range of disabilities, such as ASD, Sensory Processing Disorder, and working with youth at-risk who struggle with conduct disorders, anxiety, and/or aggression.

Faculty:

Kate McCormick is both a registered PATH Intl. therapeutic riding instructor and a certified Pre K-12 Special Education classroom teacher. After receiving both her Bachelor's and Master's degree in Special Education, Kate taught literacy to struggling readers for over a decade across various grade levels throughout the United States. Kate's love of working with people with disabilities and her life-long passion of riding horses eventually drew her to the world of therapeutic riding..

Time:

9:00am - 5:00pm

Price:

\$125 for one day lectures;
\$95/day as part of the 7-day disability module;
\$80/day as part of the 16-day High Hopes' Approved Training Course.

To Register:

Please complete attached forms and send them with the fee to:
High Hopes Therapeutic Riding, Inc. Attn Sarah Miller
36 Town Woods Road, Old Lyme, CT 06371.
(860) 434-1974 x115 / smiller@highhopestr.org
or register online at <http://www.highhopestr.org>

Reg. Deadline:

**August 17, 2020 for Sept/Oct 2020 dates
December 14, 2020 for Jan/Feb 2021 dates**

Course Materials:

Provided at the workshop

Terms:

Please check our website for terms & conditions and cancellation policy at <https://www.highhopestr.org>

Investing in your future

Opportunity, Education & Excellence
Choose High Hopes - an internationally recognized training facility.

High Hopes has 45 years of demonstrated success in the field of EAAT & non-profit management:

- Program, equine, and facility management.
- Business management & fundraising.
- Volunteer management. We have over 650 volunteers serving our program, facility, equines & development.

Workshops, certifications and professional development in all aspects of Equine Assisted Activities & Therapies:

- PATH Intl. Premier Accredited Center - 1979.
- PATH Intl. Approved Instructor Training Course since 1996.
- PATH Intl. Master, Advanced and Specialty certified mentors.
- Guidestar Platinum Charitable Status.
- Equus Guardian Status for Herd Care.
- Full service indoor and outdoor facility, extensive sensory trails, dedicated air-conditioned classroom and kitchen facility.



Managing Challenging Behaviors to Increase Participant Success
HIGH HOPES THERAPEUTIC RIDING INC. CONTINUING EDUCATION
REGISTRATION FORM

Name: _____ PATH Intl. Member Yes/No _____ Membership No. _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone (Day) _____ Phone (Cell) _____ Email: _____

Program Affiliation: _____ (e.g. *High Hopes TR, etc.*) Role or position: _____

How did you hear about this workshop? Facebook E-Blast List Serve PATH CC Strides Other Ad

Please register me for the following workshop:

Managing Challenging Behavior - September 19, 2020 Fee: **\$125.00**

Managing Challenging Behavior - January 16, 2021 Fee: **\$125.00**

Managing Challenging Behavior - September, 2020 (as part of the full 7-day disability module **\$665**)

Managing Challenging Behavior - January, 2021 (as part of the full 7-day disability module **\$665**)

Cancellation and Refund Policy: High Hopes reserves the right to cancel the workshop and/or the skills test/certification up to 5 business days after the registration deadline due to insufficient registrants or unforeseen circumstances. In that case all paid registration fees will be refunded in full. Participant cancellations prior to the registration deadline will be as laid out in High Hopes' Cancellation Policy. More than 90 days before the start of the first day of the course full refund less a \$25 service fee; 90 days or less before start of first day of the course 75% refund or \$25 whichever is the greater; less than 60 days before the start of the first day of the course 50% refund or \$25 whichever is the greater; less than 30 days before the start of the first day of the course NO REFUNDS. See more at <https://highhopestr.org/11/28/training-education-cancellation-refund-policy/>

I consent I Do Not Consent

Date: _____ Consent Signature: _____

Please mail to: High Hopes Therapeutic Riding, Inc. 36 Town Woods Road, Old Lyme, CT 06371. Attn: Sarah Miller,
or register online at <http://www.highhopestr.org>. Upon receipt of this completed form and payment,
High Hopes will send you a confirmation email and any additional materials necessary.
For questions contact Sarah Miller at (860) 434-1974 ext. 115, or smiller@highhopestr.org

HIGH HOPES THERAPEUTIC RIDING INC REGISTRATION & RELEASE (NEW COMMON VERSION)

PLEASE COMPLETE ENTIRE FORM

Volunteer Participant Veteran's Program Summer Camp Horse Sense Immersion Visitor
One Day Vol/Group Training & Education Workshop/Certification. Field Trip or Birthday Party Other

Name: _____ Home #: _____ Cell #: _____ DOB: _____

Address: _____ Town: _____ State: _____ Zip: _____

County: _____ Email: _____

Gender: _____ Height: ____ ft ____ in Weight: _____ lbs (Height & weight used in horse & volunteer assignments.)

Ethnicity: White Hispanic, Latino, or Spanish Black or African American Asian American Indian or Alaska Native

Middle Eastern or North African Native Hawaiian or Other Pacific Islander Other race or ethnicity Prefer not to answer

In case of emergency, contact: (Parent if minor) _____ Phone: _____

Please indicate any medical conditions or medications we should be aware of in the event of an emergency: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT: In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize High Hopes to secure and retain medical treatment and transport, if needed, and release records upon request to the authorized individual or agency involved in emergency medical treatment. Date: _____ Consent Signature: _____

If applicant is under 18 years of age, parent/guardian signature is required.

*If you choose non-consent for emergency medical treatment/aid in the event of illness or injury while on the property of the agency, please request a Non-Consent Form, which requires notarization.

PHOTO VIDEO & PUBLICITY RELEASE: By engaging in activities at High Hopes Therapeutic Riding, Inc. I understand that I/my child/my ward may be photographed, filmed, or videotaped and I hereby give High Hopes Therapeutic Riding, Inc. the unqualified right to take pictures and/or recordings of me/my child/my ward and grant the perpetual right to use that likeness, video, image, photograph (collectively "image"), without compensation, for broadcast or exhibition in any medium and to put the finished images/recordings to any legitimate use without limitation or reservation. I hereby waive, release and forever discharge High Hopes Therapeutic Riding, Inc. from and against any and all claims or actions arising out of, or resulting from any use of such image. High Hopes Therapeutic Riding, Inc. shall not be obligated to use, and may elect not to use, any image.

Consent Do Not Consent Date: _____ Consent Signature: _____

If applicant is under 18 years of age, parent/guardian signature is required.

CONFIDENTIALITY POLICY: At High Hopes, we place great importance on protecting the confidential information of our clients, our staff and our volunteers. "Confidential information" includes, but is not limited to, personally identifiable information such as surnames, telephone numbers, addresses, e-mails, etc. as well as the non-public business records of High Hopes. In particular, medical information about clients and information about their disabilities or special needs must be protected as confidential information. I shall never disclose confidential information to anyone other than High Hopes staff. I must seek staff permission before taking any pictures or videos. I have read and understand the High Hopes Confidentiality Policy and agree to abide by same. Date: _____ Consent Signature: _____

If applicant is under 18 years of age, parent/guardian signature is required.

LIABILITY RELEASE: I acknowledge the risks and potential for risks of horseback riding and related equine activities including grievous bodily harm. However, I feel that the possible benefits to myself are greater than the risks assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against High Hopes Therapeutic Riding Inc., its Board of Trustees, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I may sustain while participating in activities at High Hopes from whatever cause, including but not limited to the negligence of these related parties. The undersigned acknowledges that he/she has read this registration form in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof. Date: _____ Consent Signature: _____

If applicant is under 18 years of age, parent/guardian signature is required.