

OHSU Child & Adolescent Psychiatry and the Oregon Health Authority present:

Collaborative Problem Solving™ (CPS) 8-week Online Parent Training Winter 2020

Help raising kids with challenging behaviors

Register NOW!

Spots are limited!



WHERE: ONLINE CLASS

WHEN: Mondays 6-7:30pm

Session 1: Jan. 6
Session 2: Jan. 13
Session 3: Jan. 20
Session 4: Jan. 27
Session 5: Feb. 3
Session 6: Feb. 10
Session 7: Feb. 17
Session 8: Feb. 24

***COST: \$200.00 per family**

*** SCHOLARSHIPS AVAILABLE**

If you have questions please contact
The Oregon CPS Project at OHSU

cps@ohsu.edu
503-346-1490



- **Learn why children sometimes struggle to meet day-to-day expectations**
- **Get help addressing conflicts in a way that also helps build critical cognitive thinking skills**
- **Practice addressing problems before things become escalated between you and your child**
- **Connect with other parents and caregivers in a compassionate and nonjudgmental setting**

Registration Instructions

1. Please complete and return the attached **Registration Form**
2. For financial assistance please complete the **Scholarship Application** (and submit along with the Registration Form)
3. Email completed forms to: cps@ohsu.edu **no later than December 27, 2019**
4. OHSU will review applications and contact individuals to confirm enrollment, share log in information and arrange payment (if needed)



DOERNBECHER
CHILDREN'S HOSPITAL
Oregon Health & Science University



Collaborative Problem Solving
8-Week Online Parent Group Training
Registration & Scholarship Form
January 6- February 24, 2020
Cost: \$200 per family (scholarships available)

Registration is required and space is limited.

Participants will receive a confirmation email, which will verify enrollment in the class.

Please email completed registration form to cps@ohsu.edu or Fax 503-346-1389 no later than December 27, 2019.

Name: _____ Co-attendee Name: _____
Phone: _____ Co-attendee phone: _____
Email: _____ Co-attendee Email: _____

Where are you located? City: _____ County: _____

Are you applying for a scholarship? NO YES

If Yes: Please complete and submit the **Scholarship Application Form** along with this form

Brief description of the children in your home (*age, gender, behaviors*) and your relationship to the child:

What are you hoping to learn in this class?

How did you hear about this class (*friend, therapist, doctor, school, online, other*)?

OHSU
CPS Parent Group Training
★ SCHOLARSHIP APPLICATION ★

Please submit this form along with your registration no later than December 27, 2019

1. **Your Name:** _____

2. **What is the best way to contact you? (check all that apply)**

Phone: _____ Other: _____

Email: _____

3. **Where do you currently reside? (You must be an Oregon resident)**

City/town: _____ County: _____

4. **How much financial assistance would you like to request? (maximum \$200)**

\$_____ (indicate amount)

5. **Were you referred to this class by any of the following? (check all that apply)**

My child's school (School District: _____)

My child's health care provider

DHS Child Welfare

Department of Corrections

A community program that provides support to my family

6. **Please check all that apply to you:**

One or more family members is currently receiving mental health services

One or more family members is currently in substance abuse treatment

One or more of my children does not have stable housing

One or more of my children is currently placed in a juvenile justice setting

One or more of my children has an IEP or 503 plan

One of my child's caregivers is currently incarcerated

7. How will this scholarship help you and your family?
