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3 Easy Ways to Register!
*Fax: 410-381-1558
* E-mail: registration@mdworks.com
*Mail to: Maryland Works, Inc.
10270 Old Columbia Rd, Suite 100
Columbia, MD 21046-1854

Train-the-Trainer

Thursday, March 22, 2012
9:00 a.m. – 3:00 pm
Registration begins at 8:30

Activating Your Training Sessions

This all day course will help participants build their agency's classroom training capacity, not only for DDA-required staff training, but in any area where better trained staff would yield better client outcomes.

Agency trainers and supervisors will learn how to apply an *adult learning model* in the design and delivery of staff training, so that it involves and challenges staff in the learning process. Participants will learn methods and techniques to increase retention of information, build skills, and even improve staff attitudes. Analysis of portions of the "F.A.T. City Workshop" provides insight into the methods of interactive and experiential training.

Facilitator: *Brent Toleman's* career in the field of developmental disabilities spans over thirty years working in direct care, case management, program management, behavior therapy, staff training and program management. He began that career at Providence Center in 1971, before joining the faculty of Georgetown University School of Medicine in its efforts to ward the de-institutionalization of residents of Forest Haven in the mid -1980s. Completing the circle, he returned to Providence Center as Training Director, before leaving to create a consulting practice focused on professional development and training for non-profit organizations throughout the United States.

Name _____ Title _____

Organization: _____ Email _____

Address: _____ City _____ State _____ Zip _____

Phone ____/____/____ Fax: ____/____/____

___ **Member @ \$65.00** (\$60.00 for each additional attendee from the same agency)
___ **Non-Member @ 80.00**

Method of payment: ___ **Visa** ___ **Mastercard** ___ **Check** enclosed (payable to Maryland Works, Inc)

Card number _____ Exp _____ CSC Code _____ (3 digit code on back of CC)

Name as it appears on the card _____

Signature _____ E-mail: _____
(Credit Card receipt will be e-mailed)

Billing Address Associated with Credit Card _____

ADA Accommodations (please specify) _____

Deadline for special needs is two weeks prior to program date