DEALING WITH AUTISM and NEURO-DEVELOPMENTAL CHALLENGES IN PUBLIC SAFETY

THIS FIRST RESPONDER workshop provides an in depth look at safety, crime, and communication related to autism and other neurodevelopmental challenges. Clinical features of this special population are illustrated with regard to interviews, social interactions, sensory triggers, and misconceptions about disability.
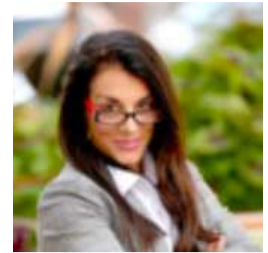
Court cases, video examples, and group participation will help attendees recognize symptoms and learn specific tactics when encountering an individual in crisis and unable to cope. Participants will learn to recognize a meltdown, de-escalate a situation, and interact accordingly when encountering an individual who may be stimming, hallucinating, naked, or wandering. These features may emerge whether the individual is a witness, suspect, or victim of a crime.

By becoming familiar with practical communication strategies, first responders will be able to manage stressful situations before they escalate into a full-blown crisis.

DATES / TIMES	June 30, 2022 OR July 7, 2022
	0800 – 1600 (8a-4p)
FEE	$80.00 Form of payment is due prior to start of class*
LOCATION	Western Campus KeyBank Public Safety Training Center 11000 Pleasant Valley Road Parma, Ohio 44130
CONTACT	Carrie Havens, Coordinator carrie.havens@tri-c.edu Office (216) 987-3033

Tri-C's Public Safety Training Center reserves the right to cancel the training course due to various circumstances.

+**Certificates:** Participants will receive a digital certificate upon successful completion of this course.

Registration Information: Deadline to submit registration is 10 business days prior to the start of the course.

Cancellation notice must be given 10 business days prior to the course. There are no refunds after this time. If cancelling after the 10 business day requirement, no refund is given.

*Forms of payment include: Tri-C Third Party Authorization form (provided by Tri-C Staff), copy of actual purchase order, check or credit card.

PUBLIC SAFETY
A TRI-C® CENTER OF EXCELLENCE

REGISTRATION FORM

HOW TO REGISTER

ONLINE: www.tri-c.edu/corporatecollege/register-for-classes

BY EMAIL: enrollmentservicesmtc@tri-c.edu or [submit] button below.

BY PHONE: 216-987-3075, (choose option 1)

For complete registration information, including cancellation, refund, withdrawal and substitution policies, please visit: http://www.tri-c.edu/corporatecollege/register-for-classes/registration-policies.html

Note: Effective Oct. 1, 2015, credit cards will no longer be accepted in person at the registration window. All Credit Card Payments must be done online.

IN PERSON OR BY MAIL:
You may register in person or by mail **with check, money order, cash or purchase order at any Tri-C Enrollment Center.**

See http://www.tri-c.edu/enrollment-center/ for hours of operation.

- Metropolitan Campus
  2900 Community College Ave
  Cleveland, OH 44115
- Eastern Campus
  4250 Richmond Road
  Highland Hills, OH 44122
- Western Campus
  11000 Pleasant Valley Road
  Parma, OH 44130
- Westshore Campus
  31001 Clemens Road
  Westlake, OH 44145

PERSONAL INFORMATION All information in this section is required.

Name _____
Last   First   M.I.

Social Security Number ☐☐☐ - ☐☐ - ☐☐☐☐

Address _____
Number   Street   Apt. No.

_____
City   State   Zip   County

Home Phone ☐☐☐ - ☐☐☐ - ☐☐☐☐
Area Code

Cell Phone ☐☐☐ - ☐☐☐ - ☐☐☐☐
Area Code

Email _____

Have you ever been convicted of a sexual related offense or a violent crime against a minor? ☐ Yes ☐ No

Have you been convicted of a sexual offense in the past 15 years? ☐ Yes ☐ No

Are you required to register as a sexual offender? ☐ Yes ☐ No

Date of Birth: ☐☐ - ☐☐ - ☐☐
Month   Day   Year

Tri-C ID (S#) if known: S ☐☐☐☐☐☐☐☐

The College is required to collect Social Security numbers to comply with federal and state requirements. Once you have been admitted as a student, a Tri-C ID number will be generated. This number begins with the letter "S" followed by eight randomly generated numbers. You will use this ID to register for classes and access your grades and other student information.

Gender: ☐ Male ☐ Female

OPTIONAL

U.S. Citizen: ☐ Yes ☐ No   Are You a Veteran: ☐ Yes ☐ No

Ethnic Background:

☐ BLACK   ☐ AMERICAN INDIAN OR ALASKAN

☐ WHITE (NON-HISPANIC)   ☐ ASIAN, PACIFIC ISLANDER, OR INDIAN SUBCONTINENT

☐ HISPANIC   ☐ OTHER

BUSINESS OR WORK INFORMATION
Complete this area if you are a new student or if any information has changed.

Business Name _____

Address _____
Number   Street

_____
City   State   Zip   County

Phone ☐☐☐ - ☐☐☐ - ☐☐☐☐
Area Code   Ext. _____

Fax ☐☐☐ - ☐☐☐ - ☐☐☐☐
Area Code

PAYMENT INFORMATION

☐ Bill Company, via attached purchase order   ☐ Check (enclosed)   ☐ Money Order (enclosed)

IMPORTANT PAYMENT INFORMATION

Effective July 15, 2014, a service fee (currently 2.25 percent) will apply to all payments made by credit card for Cuyahoga Community College (Tri-C®) credit and non-credit tuition, fees and other student account charges.

All Credit Card Payments must be done online.

↯ Date is required.

COURSE NO.	COURSE TITLE	START DATE	FEE

Signature (required) _____   TOTAL _____
or type your name agreeing to registration terms and conditions

Cuyahoga Community College

19-0186

Cuyahoga Community College Third Party Authorization Form
Please circle the correct office and return at time of registration.

Student Accounting	UTC- Workforce Training	Corporate College	Public Safety Training Center
2500 East 22nd Street	2415 Woodland Avenue	4400 Richmond Road	7029 Homewood Avenue
Cleveland, OH 44115	Cleveland, Ohio 44115	Warrensville Heights, OH 44125	Parma Heights, OH 44130
Fax: (216) 987-4724	Ph: (216) 987-3075	Fax: (216) 987-5514	Fax: (216) 987-0639
Attn: :Sponsor Accountant	Fax: (216) 987-3210	Attn: Client Liaison	Attn: Program Assistant
	Attn: Customer Service Specialist		

Company/Agency Name _____

Billing Address/Email _____

City _____ State _____ Zip _____

Contact Person _____ Title _____ Phone _____

Company Federal Tax ID (please provide W-9)_____ Company/Agency PO# _____

Please check the term: ☒ Non Credit   ☐ Fall 20____   ☐ Spring 20____   ☐ Summer 20____

Please list the students that the Company/Agency is sponsoring for the term selected above and the maximum amount of charges to be billed. If the Company/Agency is paying a % of costs, please indicate the % to be billed to the Company/Agency. If additional space is needed, please attach a list of students on Company/Agency letterhead.

Student ID	Student Name	Course	CRN*	Authorized Tuitions Amount	Authorized Materials and Fees
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total No. Students _____   **Total Authorized Amount** $_____
*if no CRN restriction put "all".

Terms and Conditions

- Pay invoice within 30 days from date of invoice.
- All College registration and refund policies apply to this contract.
- Sponsor is responsible for the student's tuition, fees and books that were authorized regardless of the status of employment.
- Sponsor is responsible for any charges for courses started but not completed (i.e. courses withdrawn from during the semester) or grade(s) received.
- Sponsor is responsible for all charges regardless of grade(s) received.
- If student grades are required, the sponsor must send a copy of a release form, signed by the sponsored student that authorizes the College to release grades directly to the sponsor.
- No student account, financial aid, or academic information will be released without a signed FERPA waiver authorizing the College to release such information to the Company/Agency.
- The College will apply any Federal or State Financial Aid (i.e. PELL, SEOG, OCOG) to the students account prior to billing the Company/Agency. Payment from the Company/Agency will be applied before any institutional or outside scholarships. If this policy conflicts with your Company/Agency policy, please attach a letter of explanation detailing of how to apply Company/Agency funds.
- Sponsors will be charged at the tuition rate that is applicable to the students' residency status.
- Any authorization accepted in lue of this form, PO/Voucher/LOI, the sponsor must provide all required above information and agree to the terms and conditions on this form.
- **All unpaid sponsor balances will be remitted to the Ohio Attorney General's office for collection efforts.**

The Company/Agency hereby agrees to the terms and conditions as stated above.

_____
Company/Agency Authorizing Name (if different from above)

_____   _____   _____
Company/Agency Authorizing Signature   Title   Date