



## **2015 Application**

Sponsored by:



The Parent Network of WNY  
1000 Main Street  
Buffalo, NY 14202  
(716) 332-4170  
[www.parentnetworkwny.org](http://www.parentnetworkwny.org)



# Parent Leadership Program 2015

It is time for Parent Network of WNY's annual and free Parent Leadership Program for parents of children with disabilities. This program prepares parents for leadership roles to better advocate within the educational system for their own children and as parent leaders in the community.

The 30+ hours program includes two 6 hour Parent Leadership Labs, and multiple sessions of disability specific workshop training. In addition, all Parent Leaders will attend a 2-day retreat on developing leadership skill, including self-leadership, group interaction, team building.

As part of this program participants will begin to develop an "I Can Make a Difference" project to better meet the needs of persons with developmental disabilities and their families. Examples of these "projects" could be:

- starting a support group in your area
- working on a new initiative with your school
- starting a class at your church for children with a developmental disability.
- working with your local civic leaders to improve public access.

Parent Leaders will have the opportunity to network with others while enjoying the facilities at Beaver Hollow Conference Center for a 2 day retreat. **Participants are selected through an application process.**

## Schedule

Date	Location	Time
<b>Parent Leadership Lab #1</b>		
Saturday, May 2 <sup>nd</sup> , 2015	Parent Network of WNY 1000 Main Street Buffalo, NY 14202	9:00am-3:00pm
<b>Parent Leadership Lab #2</b>		
Saturday, June 6 <sup>th</sup> , 2015	Parent Network of WNY 1000 Main Street Buffalo, NY 14202	9:00am- 3:00pm
<b>Parent Leadership Retreat</b>		
Saturday & Sunday August 15 <sup>th</sup> and 16 <sup>th</sup> , 2015	Beaver Hollow Conference Center 1083 Pit Road Java Center, NY 14082	2 Day Retreat (overnight)
<b>Parent Leadership Graduation</b>		
Wednesday, September 16 <sup>th</sup> , 2015	Parent Network of WNY 1000 Main Street Buffalo,	6:00pm

**Topics include:**

- Fostering positive interaction between schools and families
- Successful methods to approach CSE/CPSE meetings
- Improving communication skills
- Developing effective IEP, 504 or FBA plans
- Learning about classification, evaluation, and placement options
- Proven techniques to help parents having difficulty with the special education process
- Building effective leadership skills



**Don't Miss  
This Valuable  
Opportunity.  
It's FREE!!**

There is no fee for this program. However, participants are expected to meet the basic requirements of 30+ hours of workshop training, attendance at all Parent Leadership Labs, and participation in all retreat activities.

# Application Form

Please send completed application in the enclosed business-reply envelope by the above application deadline. **Application Deadline:** Monday, April 27, 2015. For more information call Victoria Pérez-Maggiolo at 716-332-4167 or [vpm@parentnetworkwny.org](mailto:vpm@parentnetworkwny.org)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

The area where I live is: (please circle one)      Urban      Suburban      Rural

Are there any special accommodations necessary for you to participate?      No      Yes

If yes, please specify (e.g. accessibility, interpreter, transportation, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**Please confirm your commitment to the Parent Leadership Program by initialing each of the expectations on the space provided and signing the form where indicated.**

	Initial
I agree to attend all training sessions	_____
I agree to complete homework as assigned	_____
I will participate in the evaluation process by completing the evaluation forms and giving feedback	_____
I understand that excused absences must be approved by the Training Manager.	_____
I will maintain confidentiality for families to whom I provide advocacy assistance	_____
I agree to be in contact with Parent Network on a quarterly basis	_____

\_\_\_\_\_  
**Your signature required**

\_\_\_\_\_  
**Date**

# Parent Leadership Questionnaire

Name: \_\_\_\_\_

Parent Group or Organization: \_\_\_\_\_ Role: \_\_\_\_\_

*Please fill out the following questionnaire. The information provided will help Parent Network of WNY select participants to attend the Parent Leadership Retreat.*

Why are you interested in the Parent Leadership Program?

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What skills/knowledge would you bring to the program?

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Have you participated in any groups (parent groups, committees, etc)?

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Please describe any previous advocacy experience:

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