

California ASCD and Charter Oak Unified School District Present:



Trauma Informed Practice: Fostering Resilient Learners



with Presenter Kristin Souers

Target Audience/s:
Administrators,
Counselors, Teachers,
Health & Community
Leaders Supporting our
Schools

Friday, October 13, 2017
Charter Oak Unified School District
Royal Oak Middle School Library
303 Glendora Ave.
Covina, CA 91724
8:30 a.m. – 3:00 p.m.
Registration includes Lunch



Kristin Souers is a licensed mental health counselor in the State of Washington. She

is an assistant director at Washington State University's Child and Family Research Unit (CAFRU) in the CLEAR Trauma Center. Kristin also serves as an adjunct faculty member for the Masters of Counseling Psychology Program at Gonzaga University. She is an expert in understanding the impact of trauma on individuals and families and has provided consultation and training on this topic to education and human services systems for more than 20 years. She is the Co-Author of the ASCD Publication *"Fostering Resilient Learners: Strategies for Creating A Trauma-Sensitive Classroom"*.



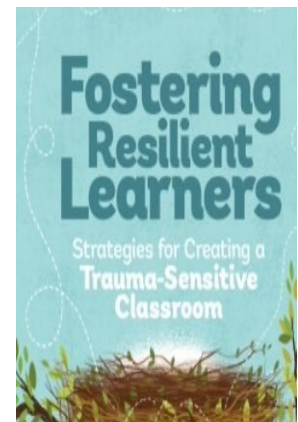
Institute Description: More and more children come into classrooms with physical, mental and emotional needs that go far beyond standard educational training. How can we help these children to thrive as learners, and how can we support the adults who strive to teach them? This is an opportunity to bring our health and education partners together to learn about shaping our school systems, community partners, classroom practices and cultures to create compassionate, versatile and healthy teaching and learning environments.

Intended Professional Learning Outcomes:

- ◆ Participants will deepen their understanding of the prevalence of childhood trauma and the impact of trauma and toxic stress on learning and development.
- ◆ Participants will explore multiple strategies for education staff and community members to utilize with children with (known and unknown) trauma histories—helping to sustain learning-ready states.
- ◆ Participants will collaborate to identify best practices associated with trauma-informed care that they can implement into their workplace settings.
- ◆ Participants will reflect on how this information impacts their role and their overall health, collecting several suggestions for self-care and self-awareness

Discussion Topics:

- ◆ What Does It Mean to be Trauma Informed?
- ◆ Impact of Trauma on Learning and Graduation Rate
- ◆ Strategies for Staff and Community
- ◆ Self-Care and Awareness
- ◆ Best Practice





- Kristin Souers -

Trauma Informed Practice: Fostering Resilient Learners

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Charter Oak Unified School District, Royal Oak MS Library, 303 Glendora Ave., Covina, CA

REGISTRATION Includes Lunch

Organization/School: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Contact E-mail: _____

Name _____ Position: _____ Email: _____

Calif. ASCD Member: Non-Member: Team Registration:

Name _____ Position: _____ Email: _____

Calif. ASCD Member: Non-Member: Team Registration:

| | Early Bird Discount: By 9/13/2017 | After 9/13/2017 |
|----------------------|--------------------------------------|--------------------|
| CA ASCD Member | \$125 | \$145 |
| *Non-member | \$175 | \$195 |
| Student Teacher | \$75 | \$95 |
| **Teams of 4 or more | \$145 per person | |

HOW TO REGISTER:

Online: www.cascd.org—Use your Visa, MasterCard or American Express.

Mail: Send completed form with check or copy of Purchase Order/P.O. Number if not processed yet, to: CASCD, P.O. Box 1841, Oroville, CA 95965

E-mailing: Scan and attach in an email to cheryl.casagrande57@gmail.com

(*Includes a one-year membership in CASCD)

California ASCD Mission: Statement

To build the capacity of CA educators to enhance the quality of teaching and learning.

Total Workshop Fees: \$ _____

A \$50 fee will be charged for cancellations made in writing prior to 9/13/17. No refunds will be given after the deadline. Confirmation will be sent via e-mail, to each individual's address, after registrations are processed. If you do not receive a confirmation in a reasonable amount of time, please feel free to contact us at the e-mail below to verify we received it. Registrations may be transferred to another individual by scanning and attaching to an e-mail to cheryl.casagrande57@gmail.com

Payment Information:

(Payment or P.O. or number **MUST** accompany registration form)

___ Check made payable to California ASCD enclosed
___ Purchase order ENCLOSED. Purchase Order #: _____
___ Charge Credit Card: ___ MasterCard ___ VISA ___ AMEX

Account Number: _____
Exp: MM/YR

CCSC/CVC: _____

Name on Credit Card (Please print): _____

Billing Address: _____
City Zip

Signature: _____ Date: _____