

Promoting Self-Advocacy & Self-Determination in the Oral Healthcare Setting
Saturday, June 1, 2019
Check-in & Breakfast: 8am
Program: 8:30am - 12:30pm

A.T.Still University
The Center for Advanced Oral Health
5835 E. Still Circle, Mesa, AZ 85206

ATSU

ARIZONA SCHOOL
OF DENTISTRY
& ORAL HEALTH

Registration form

A.T. Still University's Arizona School of Dentistry & Oral Health (ATSU-ASDOH) invites you and your individual with disabilities to participate in a program designed to help individuals with disabilities improve their skills in self-advocacy and self-determination in the oral healthcare setting.

This training program will seek to teach communication skills and share information about self-advocacy and self-determination in the oral healthcare setting. The target audience are adults with ID/DD and their family members/caregivers. The program will also emphasize how families and caregivers can continue to support and empower these adults with ID/DD to improve self-advocacy skills in the days and months following the training program. All individuals should have the skills to speak up for themselves, which will then enhance self-confidence, independence, social skills, and integration into society.

This training program is at no charge, but has limited space. Breakfast & lunch will be provided. Please register as soon as possible to reserve your spot!



- Complete online registration form: <https://forms.gle/G8EFdCnGcq7C8snX9>
- Using your electronic device camera - scan the QR code to access the online registration form
- Scan & email completed form to: subiaishtiaq@atsu.edu
- Bring hard copy into The Center for Advanced Oral Health (address listed above)
- Mail completed form to: ATSU The Center for Advanced Oral Health % Dr. Mai-Ly Duong (address listed above)

Information About Individual with Disabilities:

Last Name: _____ **First Name:** _____

Birthdate: _____ **Age:** _____ **Phone #:** _____

Email: _____

Food: None Vegetarian Gluten-Free Allergies: _____

Please list individual's diagnosed medical conditions: (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Uses wheelchair |
| | <input type="checkbox"/> Autism | <input type="checkbox"/> Hearing Disability |

Other: _____

Information About Individual's Guardian:

☐ Check box if individual above is their own guardian

Guardian: _____ **Phone #:** _____

Email: _____

Information about Individual's Dental History/Experience

Name of Regular Dentist/Dental Home: _____

Date of last dental visit: _____

Level of assistance at last dental visit: 1 (low) 2 3 4 5 (high)

Please list barriers that you/your individual faces when seeking/obtaining/receiving dental treatment:

1. _____
2. _____
3. _____
4. _____
5. _____

Information about family/caregivers who will accompany individual to the program

Person #1 Name: _____ **Phone #:** _____

Email: _____

Relationship to Individual: (circle all that apply)

Guardian Family Member Caregiver Group Home Manager Group Home Staff

Other: _____

Person #2 Name: _____ **Phone #:** _____

Email: _____

Relationship to Individual: (circle all that apply)

Guardian Family Member Caregiver Group Home Manager Group Home Staff

Other: _____

Do you need help finding transportation to the event program? YES NO UNSURE

If you have any questions - please contact: subiaishtiaq@atsu.edu