A presentation by
Anna Tullemans
Anna is a consultant in Autism Spectrum Disorder, Asperger’s Syndrome, and Autism. She is also the author of 9 books

Thursday 13 September 2012
10.00 am to 1.00 pm

Do you want to know why your child has difficulty with...

- Going to bed and sleeping?
- Putting away the game console?
- Going shopping (supermarket and for clothes)?
- Going on holidays?
- Playing with his/her siblings?
- Meltdowns at inappropriate times!
- Do you want a better understanding of how stress affects your child and what you can do about it?
- Do you want to know why everything has to be exactly right before your child can attempt new things?

These are all behaviours which are telling us something. We just need to understand how to decipher and interpret this behaviour so we can help our children. We will look at 5 key strategies which will help you and your child.

This workshop will give you an understanding of what individual behaviours mean, and how that behaviour is your child’s way of telling you how he/she feels and what he/she needs. It will focus on giving you ideas to try and opportunities to share ideas with other parents of what has worked for you and your child.

For bookings please contact ASA on 07 3865 2911

Following the workshop, there will be opportunities for follow up individual consultations with Anna at the Asperger Centre, Unit 1, 16 Yarraman Place, Virginia

BOOKING FORM

ASA Subscriber: $45.00       Non ASA Subscriber: $85.00       Concession: $60.00

ASA subscriber? Yes ☐ No ☐ Parent/Carer ☐ Teacher ☐ Health Professional ☐

School/Organisation Name: ___________________________ Dietary Requirements: __________

First Name: ___________________ Surname: ___________________ email: ___________________
Address: _____________________ Town: ___________________ State: _______ Post Code: _______

PAYMENT DETAILS: send no cash Credit Card/Cheque/Money Order/Bank cheque/online booking www.asperger.asn.au

Direct Banking: Westpac Bank BSB 034-254 Account No 114716

Credit Card: MasterCard ☐ Visa ☐

Cardholder’s No: ________ ________ ________ ________ Expiry date: ___ / ___ Cardholder’s Name: ___________________

Office Use Only: Receipt No: ___________ Date: ___________ Card: ___________

Amount: ____________________ Registration No: ___________