

Do you have a CHALLENGING child?



Does your child routinely defy you or explode over seemingly small things?

Is your child highly sensitive, demanding, or clingy?

Does your child often withdraw to his or her "own world"?

Is your child often inattentive and disorganized?

Is your child impulsive, active, or aggressive with playmates?

Have you had difficulty maintaining childcare because of your child's behavior?

Has everyone else had an opinion about how your child should be disciplined?

Do you often feel exhausted and overwhelmed by your child's needs?

Unsure of what else to try?

Parenting the Challenging Child Class

Free class, free childcare provided

Join us for *seven* Tuesday evenings of support and education beginning
October 4th 2005 (6:15-7:45 p.m.)

The material goes beyond that of a general parenting class. Class will actively engage parents in learning strategies to better understand and effectively intervene with difficult behavior, support kids as they navigate social and emotional development, promote a more positive parent-child relationship, and offer participants the chance to develop supportive relationships with others experiencing similar challenges. Community resources, school collaboration, and assessment will also be discussed. Class will be led by Lisa Lawson, M.S. and Marlene Meyer, M.S. of the Therapeutic Support Program. School location to be determined.

Please note not all referrals will be admitted to the class. Participants are screened and selected by need and common concerns. Class size is limited to 14 adults. Couples are welcome. **Parents will be notified by September 20th of their acceptance into class.** Please contact Marlene Meyer (351-3135) for more information. Limited to Stillwater School District (ISD#834) residents.



Helping People...
Changing Lives

HSI of Washington County
Therapeutic Support Program
375 E. Orleans St., Stillwater, MN 55082
Fax (651) 351-3155

Parenting The Challenging Child Class
TSP Parent Referral
For Fall 2005

Parent(s) Name _____ Phone _____

Address _____

Child's Name _____ DOB _____ Primary Diagnosis _____

Briefly describe the concerns you have for your child _____

Other service providers involved with family _____

Please list any current challenges your family is experiencing _____

Number of parents that will attend the class: _____

Number of children/siblings that need care: _____ Ages _____

Providers please include a current Release of Information Form with your faxed referral and give a copy of the brochure to the parent
