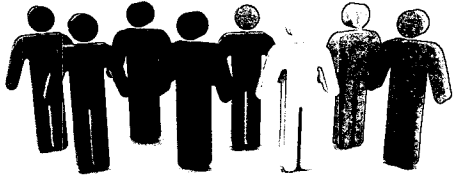


# POSITIVE BEHAVIOR SUPPORTS

Presented By:

Val Donnan, SEDOL Sector Lead & Jennifer Swanson Hillbo, SEDOL Psychologist



Tuesday, March 15, 2011

6:30 p.m. - 9:00 p.m.

SEDOL/Cyd Lash Academy  
Multi-Purpose Room

18042 Gages Lake Road Gages Lake, IL



Hosted  
by the  
Parent  
Mentor  
Project

Positive Behavior Supports (PBS) is a strategy for teaching and maintaining appropriate social behavior, safe schools, and more effective learning environments. PBS is a set of research-based strategies used to increase quality of life and decrease problem behavior by teaching new skills and making changes in a person's environment. This training will address:

- Why social emotional learning is important in school and for life success
- Overview of Illinois social emotional learning standards
- Benefits of promoting social emotional competency and 21st century skills
- How social emotional learning fits into school—and specifically into SEDOL classrooms
- Questions and answers about specific social emotional needs

Dr. Hillbo has been with SEDOL since 1998 serving students through individual counseling, social skills groups, evaluations, and consulting with teachers and parents. Valerie Donnan has over 10 years of experience working with students having behavioral and cognitive disabilities and is currently a SEDOL Sector Lead. Both presenters have served as co-facilitators of SEDOL's Social Emotional Curriculum Committee for the last 3 years.

6:30 p.m. - Refreshments/Networking Time

7:00 p.m. - Training Begins

This program is free of charge and is open to all families & educators within SEDOL's member districts.

We hope you can join us! Babysitting *will not* be available.

Please call 847/548-2577 x35 or 847/721-3567 with any questions.

---

Three easy ways to register: Call 847/548-2577 x 35

Email the information below to [jbux@sedol.us](mailto:jbux@sedol.us)

Mail this completed form to the address below:

SEDOL Parent Mentor Project - Positive Behavior Supports  
18160 Gages Lake Road, Gages Lake, IL 60030

PLEASE PRINT CLEARLY:

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, ST ZIP: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Child's Educational Program: \_\_\_\_\_