

# ANNOUNCEMENT

## CAFAS<sup>®</sup> Training

---

**Trainer:** Dalton Lombard, D.Min. LCPC  
Certified Child & Adolescent Functional Assessment Scale (CAFAS<sup>®</sup>) Trainer

**When:** Wednesday July 14<sup>th</sup> and Thursday July 15<sup>th</sup>, 2010  
**Time** 8:30 A.M. to 5:00 P.M.

**Where:** Department of Health and Welfare  
1118 F Street, 3<sup>rd</sup> floor conference room  
Lewiston, ID 83501

**Cost:** Early Registration By 7/2/2010 \$160.00 includes all training materials  
Registration After 7/2/2010 \$185.00 includes all training materials

**Who:** Agency staff needing to be certified to rate the CAFAS.

**Agenda:**

1. Reliability Training: The attendees will be taught in detail how to rate the CAFAS<sup>®</sup> and will be able to demonstrate their reliability. For persons previously trained to be reliable on the CAFAS<sup>®</sup> *Self-Training Manual*, “booster” vignettes are used to re-establish reliability.
2. Instruction on how the information generated by the CAFAS<sup>®</sup> can be used to improve clinical services, including: generating treatment goals, identifying strengths, involving parents in treatment planning, monitoring progress during treatment, and linking CAFAS<sup>®</sup> profiles to evidence-based treatments.
3. Information on outcome indicators which can be used to evaluate the progress of individual clients.

**For more information or for Registration, contact:**

Dalton Lombard, D.Min. LCPC  
P O Box 1911  
Lewiston ID 83501

**E-mail:** [dglombard@cableone.net](mailto:dglombard@cableone.net)  
**Phone:** 208 798-4977  
**Cell:** 208 305-1866

**CAFAS® TRAINING**  
July 14-15th, 2010  
Lewiston, ID 83501

**Registration Form**

Please print or type:

1. Agency name \_\_\_\_\_

2. Number of people attending \_\_\_\_\_

3. Address \_\_\_\_\_  
Street

\_\_\_\_\_

City State Zip

4. Contact person's name \_\_\_\_\_

5. Telephone number \_\_\_\_\_

6. Fax number \_\_\_\_\_

7. E-mail Address \_\_\_\_\_

8. NAMES OF ATTENDEE(S)

ATTENDEE		DEGREE (e.g.,MA, MSW)	FIELD OF STUDY FOR DEGREE (e.g.,social work)	Previously completed reliability vignettes <b>YES or NO</b> <i>(if yes, please specify which manual was completed &amp; the date of completion)</i>
Last Name:	First Name:			

THE **EARLY REGISTRATION FEE** MUST BE RECEIVED BY **JULY 2, 2010**. MAKE CHECKS PAYABLE TO DALTON LOMBARD AND MAIL TO:



Dalton Lombard, D.Min. LCPC  
ATTN: CAFAS® TRAINING  
P O Box 1911  
Lewiston ID 83501

Phone: 208-798-4977  
Cell: 208-305-1866