

Program in Aging and Developmental Disabilities

Strong Center for Developmental Disabilities

Golisano Children's Hospital at Strong

University of Rochester School of Medicine and Dentistry

601 Elmwood Ave. Box 671

Rochester, NY 14642

Phone: (585) 275-6604

Fax: (585) 275-3366

www.urmc.rochester.edu/pediatrics/divisions/developmental_disabilities/PADD

Training List

The Program in Aging and Developmental Disabilities will design presentations to meet your agency's needs. Topics can be presented in 1-2 hour segments, half-day, whole day, or over several days (costs will vary based on design). Below is a list of the topics that we offer. Please check off the topics that your agency is interested in and return the form to the address above.

- | | |
|---|---|
| <input type="checkbox"/> Overview of Aging and Developmental Disabilities | <input type="checkbox"/> Dementia |
| <input type="checkbox"/> Cerebral Palsy and Aging | <input type="checkbox"/> Women's Health and Aging |
| <input type="checkbox"/> Biology of Human Aging | <input type="checkbox"/> Developmental Disabilities |
| <input type="checkbox"/> Service Systems | <input type="checkbox"/> Family Caregiving |
| <input type="checkbox"/> Alzheimer's Disease | <input type="checkbox"/> Down Syndrome |
| <input type="checkbox"/> Coalition Building: Survival for the Future | <input type="checkbox"/> Side Effects of Medication |
| <input type="checkbox"/> Learning About Your Own Aging | <input type="checkbox"/> Sensory Issues and Aging |
| <input type="checkbox"/> Differential Diagnosis | <input type="checkbox"/> Depression and Aging |
| <input type="checkbox"/> Aging and Hearing Loss | <input type="checkbox"/> Aging and Visual Loss |
| <input type="checkbox"/> Falls, Fractures, and Osteoporosis | <input type="checkbox"/> Autism and Aging |
| <input type="checkbox"/> Long Term Health Care Plans | <input type="checkbox"/> Dental Hygiene and Aging |
| <input type="checkbox"/> Ophthalmologic Care and Aging | <input type="checkbox"/> Gynecology and Aging |
| <input type="checkbox"/> Psychiatry Care and Aging | <input type="checkbox"/> Therapeutic Intervention |
| <input type="checkbox"/> Nutrition and Aging | <input type="checkbox"/> Exercise and Aging |
| <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> Music Therapy |
| <input type="checkbox"/> Death, Grief & Mourning | <input type="checkbox"/> Art Therapy |
| <input type="checkbox"/> Spirituality | <input type="checkbox"/> Environmental Design and Aging |
| <input type="checkbox"/> Other _____ | |

Name

Title

Agency

Address

Area Code & Phone Number

Fax

Email Address