



CAREER SELF-DISCOVERY WORKSHOP

Self-Guided Discovery™ puts control of career development squarely in the hands of the job seeker, families, and allies.

For individuals from early school transition to the adult years, Self-Guided Discovery™ guides families as they teach their child functional skills that are valuable later in life and enhance employability. It also guides work experiences, academics, skills training, after-school employment, and school to work transition. This interactive workshop covers critical elements of Discovering Personal Genius and customized employment; discovery activities; determining vocational themes; and linking discovery and employment development.

To request accommodations for participation in this event, please contact Erica Lewis by November 1, 2017 at 410-313-6402 (voice/relay) or ealewis@howardcountymd.gov.

Sponsored by the Transition Outreach Partnership of Howard County.



This program is made possible by a generous grant from The John P. Hussman Foundation.

**November 8, 2017
8:30am – 2:30pm**

**Facilitator:
Corey Smith
of Griffin Hammis
Associates**

**FEE: \$20
Includes lunch
and all materials.**

**REGISTRATION
[info@howard-
autism.org](mailto:info@howard-autism.org)
or 410-290-3466**

**ROGER CARTER
COMMUNITY
CENTER**

**3000 Milltowne Drive
Ellicott City, MD 21043.**

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REGISTRATION FORM

November 8, 2017

8:30am – 2:30pm

Roger Carter Community Center

3000 Milltowne Drive, Ellicott City, MD 21043

To request accommodations for participation in this event, please contact Erica Lewis by November 1, 2017 at 410-313-6402 (voice/relay) or ealewis@howardcountymd.gov.

Registration Fee: \$20 per person (includes lunch and all materials)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Lunch Choice (check one):

Roasted Turkey on Multigrain Ham on Rye Spinach Veggie Wrap

I am requesting the following accommodations (include dietary restrictions): _____

I have enclosed a check or money order payable to *Howard County Autism Society* in the amount of: \$ _____

Please charge \$ _____ to my credit card VISA MasterCard AMEX Discover

Name on Card: _____

ACCT #: _____ EXP Date: _____ CVC: _____

Signature: _____

Please make checks payable to the Howard County Autism Society

Registration forms may be emailed to janet.dabu@howard-autism.org or mailed to:

Howard County Autism Society (HCAS), Attention: Janet Dabu

9770 Patuxent Woods Drive, Suite 308, Columbia, Maryland, 21046