

PROJECT

LEADERSHIP

***PROJECT LEADERSHIP IS A
UNIQUE OPPORTUNITY FOR
PARENTS OF CHILDREN
WITH SPECIAL HEALTH CARE
NEEDS TO GAIN SKILLS AND
TOOLS TO PARTICIPATE IN
PUBLIC ADVOCACY FOR
CHILDREN IN THE SPECIAL
HEALTH CARE COMMUNITY.***

**NO
COST
TRAINING**

***LEARN MORE
ABOUT THE
GOALS & OBJECTIVES
OF PROJECT
LEADERSHIP***

**OPEN TO
SAN DIEGO
&
IMPERIAL
COUNTY
FAMILIES**

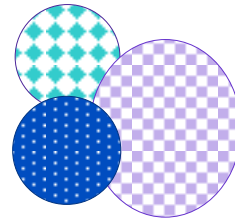
**CALL
THE
EXCEPTIONAL FAMILY
RESOURCE CENTER
AT
619-594-7416**

**OFFERED
In
FALL 2013
&
SPRING 2014**



EXCEPTIONAL FAMILY RESOURCE CENTER

PROJECT LEADERSHIP



Dear _____,

Exceptional Family Resource Center, is excited to tell you about an upcoming training opportunity for parents/ caregivers in San Diego and Imperial Counties. **Project Leadership** will prepare families with the skills and tools needed to partner and engage in all levels of public advocacy on behalf of children with special health care needs. The Project Leadership curriculum, designed by **Family Voices of California (FVCA)**, introduces parents to the nuts and bolts of advocacy in seven (3 hour) training sessions. Parents will explore how the legislative process works, discover ways to tell their story that translate their personal experiences into systems-wide action, learn strategies to identify and participate in leadership activities, and build valuable parent network and mentoring connections. Training sessions will be dynamic and interactive, offering parents the opportunity to learn with and from one another. **Project Leadership** is funded through a grant from the **Lucile Packard Foundation for Children's Health (LPFCH)** and offered at no cost to participants. Project Leadership's overall goal is to increase the number of family members of children with special health care needs who are prepared and supported to become advocates for health care policy and service improvements.

The pilot **FVCA Project Leadership** training will be offered to families by EFRC starting in September, 2013, with a second series to be presented in 2014. Enclosed you will find a Project Leadership flyer and application. Due to the time sensitive nature of these materials, please complete and return as soon as possible. You can contact Diane Storman at dstorman@projects.sdsu.edu or 619-594-7405 or Susan Carlton-Bahm at scbahm@projects.sdsu.edu or (619) 594-7383 for more information., or visit EFRC online at www.EFRConline.org. We look forward to hearing from you!

Sincerely,

Diane Storman

Susan Carlton-Bahm

PROJECT LEADERSHIP FUNDED BY





PROJECT LEADERSHIP PARTICIPATION PLEDGE



As a participant of the Project Leadership Training program,

I _____ agree to:

____ Participate in three-hour training sessions.

____ Maintain confidentiality of personal information among training participants, the trainer and any other staff present during training sessions.

____ Participate in mentor meetings after graduating from the training. These meetings are designed to offer graduates continued support as they make connections with advocacy/leadership opportunities.

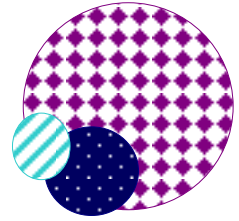
____ Commit to on-going engagement in public policy advocacy in California on behalf of children with special health care needs (e.g. serving on a committee, task force, boards, work groups, or other related activities).

We understand that issues may arise preventing you from attending every training session. However, in order to obtain a certificate of completion, you will be expected to attend six of the seven sessions and to make up the missed session. A stipend will be given to participants who successfully complete the training series, which includes attendance at all seven sessions, completion of assignments, and participation in the final evaluation.

Participant Signature _____ Date _____



Project Leadership Application



NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE _____

EMAIL: _____

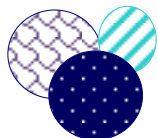
How did you hear about the Project Leadership Training? _____

1. How old is your child with special health care needs? Please describe the special health care needs of your child. _____

2. What is a key area of concern for your family related to your child's special health care needs?

3. Please share your experience with the health care systems (e.g., California Children's Services, Regional Center, Healthy Families/Medi-Cal, managed care, hospitals. etc.) that serve families of children with special health care needs and disabilities in California.

4. Please tell us about your experience participating on committees, task forces, or other advocacy groups. _____



5. Do you have any experience visiting or corresponding with Legislators? If so, please tell us about the relationship (were they local, state, or federal legislators? How often did you meet with them, the issue that you were addressing (advocating for a specific law, providing information addressing a child's special health care need or disability, or representing an organization in which you were involved, etc).

6. Leadership Training curriculum is intensive and will require considerable commitment, time, and energy. Do you anticipate any barriers to attending all seven 3-hour sessions, completing homework assignments, and participating in monthly mentoring sessions after the training ends? _____

7. What days are best for you for the 3-hour training sessions? Please number your options 1 to 3 (1= the most preferred day and 3= the least preferred day.)

_____ Tuesday	_____ Wednesday	_____ Thursday
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8. Is there anything else you would like us to know about you and why you would like to participate in the Leadership Training? _____

9. Please mail, email, or fax by August 16, 2013 to: Diane Storman

Exceptional Family Resource Center
9245 Sky Park Court, Suite 130
San Diego California, 92123
Fax: (858) 268-4275



For further questions, please contact: Diane Storman (619) 594-7405 or dstorman@projects.sdsu.edu

