

# HANDLE WITH CARE

## "INSTRUCTOR &/ RE-CERTIFICATION PROGRAM"

### CHILLICOTHE, OH

*Helping to create and maintain safer, more caring environments by teaching preventative actions that result in decreased need for physical restraint.*

<b>When:</b>	<b>JAN. 12 – 14, 2026</b>	<b>9:00 AM – 5:00 PM</b>
<b>Training:</b>	<b>Ross-Pike Educational Services District</b> <b>475 Western Avenue, Chillicothe, OH 45601</b> <b>Conference Rooms B &amp; D</b>	
<b>Lodging:</b>	Holiday Inn Express Chillicothe East 1003 E. Main St., Chillicothe, OH 45601   TEL: (740) 851-6140 <b>NO ROOM BLOCK RESERVED</b>	
<b>Cost:</b>	<b>\$1525.00 per participant</b>	

#### **This seminar will cover:**

- **Comprehensive Verbal Skills Workshop:** Handle With Care's Verbal De-escalation Training focuses on understanding the cycle of tension/relaxation and calibrating the intervention based on the student's needs and where the student is on the cycle. HWC also teaches a self-awareness model where staff is taught to monitor and control their reactions to provide better care and develop the ability to defuse situations through their own behavior and responses. The program then puts theory into practice in the form of role- plays. Physical Skills Training: Personal defense, use of personal space and blocking techniques.
- **Personal Defense:** Includes the use of personal space, escapes, blocking techniques and 3rd person save methods. HWC is the only technology in the industry that teaches you how to protect both yourself and another person/student from harm.
- **Primary Restraint Technique®.** The PRT® is versatile, effective, painless, safe and easy to apply. Staff is positioned in the safest place possible, behind the student. The PRT conveys an immediate reassuring sense of limits and is very effective with autistic students.
- **Early Childhood:** Pre-School & Early Elementary School Program. Go to our website for more information on our pre-school, kindergarten & early elementary school program including our proprietary child holding method.

**This is an Instructor &/ Re-Certification Program.**

**Participants who successfully complete this course will be certified to teach the Basic Handle With Care Program when they return to the facility. Slots will fill fast.**

**To enroll or request additional information call:**

**Seminar Administrator: (845) 255-4031 / E: [Registrations@handlewithcare.com](mailto:Registrations@handlewithcare.com)**

**Go To: [www.HandleWithCare.com](http://www.HandleWithCare.com)**

**HANDLE WITH CARE – “INSTRUCTOR &/ RE-CERTIFICATION PROGRAM”**

**CHILLICOTHE, OH - REGISTRATION PAGE**

Please Fax Completed Form to: [Registrations@handlewithcare.com](mailto:Registrations@handlewithcare.com)

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**Cost:** \$1525.00 per participant

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Send the invoice to \_\_\_\_\_  
Name, Title & Email Address

Participant Name	Email	Tel
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_ Wish to reserve the following slots:

Name of Agency	# of Slots	Cost
<u>Days</u>		
Day 1 – Basic Verbal Training	_____	\$500/person
Day 2 – Basic Physical Training	_____	\$500/person
Day 3 – Instructor / Re-Certification	_____	\$525/person

Payment should be made payable to: **Handle With Care Behavior Management System EIN 14-1803426 at 184 McKinstry Road, Gardiner, NY 12525**, Tel: 845-255-4031. I hereby represent that I am authorized to submit this Registration form on behalf of my agency. By registering, my agency is obligating payment for the above-registered people. Contractual terms associated with this training are incorporated herein and can be viewed on our web site: [www.handlewithcare.com](http://www.handlewithcare.com). To receive a refund, you must cancel 30 days before the scheduled training. If registered people are unable to attend due to sickness, weather or any other emergency or act of god a credit will be given for that person to attend another Handle With Care Seminar.

\_\_\_\_\_  
Signature of authorized agency agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name, Title