



Presents...

**Childhood Apraxia of Speech:
A Multi-Sensory Approach to Achieving Speech Outcomes
Therapy-Rich and Video-Enhanced**

Presented by David W. Hammer M.A., CCC-SLP



This hands-on, practical, therapy-rich presentation will focus on strategies for therapists that facilitate verbal communication for children with apraxia of speech. An overview of evaluation considerations and how they relate to therapy decision-making will be presented. The majority of the presentation will be intervention-based, with a wide range of therapy ideas described. A multi-sensory approach to therapy will be detailed. Extensive videos of children in therapy will be used to highlight strategies and suggestions for carryover outside of the therapy setting.

Monday, June 1st 8:30am - 4:00pm

103 Rozanski Hall

University of Guelph

LEARNER OUTCOMES:

At the end of the workshop, participants will be able to:

- List key differential diagnostic features for childhood apraxia of speech.**
- List effective multi-sensory therapy strategies for children with CAS.**
- Outline therapy activities for repetitive practice.**
- Describe how to enhance parent involvement and home carryover.**

Continuing Education: Certificates of attendance will be provided and participants are encouraged to report this event as part of your Continuous Learning Activity Credits (CLACs) / Continuing Education Equivalents (CEEs), as appropriate. ASHA CEUs can be awarded upon receipt of the ASHA CEU Participation Form.

REGISTRATION:

PARENT: $\$199 \times \underline{\hspace{1cm}} = \$\underline{\hspace{1cm}}$ (A)

PARKING PASSES (Non-Refundable): $\$9 \times \underline{\hspace{1cm}} = \$\underline{\hspace{1cm}}$ (B)

Total Amount Authorized for Credit Card Payment: $\$\underline{\hspace{1cm}}$ (A+B)

Name(s): _____

Organization: _____

Address: _____

Phone: _____

Email(s): _____

PAYMENT: Includes lunch, refreshments during breaks, and all course materials

Credit Card Payment: *if paying by credit card, please complete the following:*

Visa

MasterCard

Card Number: _____ Expiry: ____/____

Cardholder's Name: _____

Authorized Signature: _____

Payment by Cheque: *if paying by cheque, please make cheque payable to: LET'S TALK GUELPH INC.*

***PLEASE SEND COMPLETED REGISTRATION FORM WITH PAYMENT TO THE ADDRESS BELOW OR SCAN/E-MAIL to register@letstalkguelph.ca**

LET'S TALK GUELPH INC.
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GUELPH, ON
N1G 4X5

Cancellation Policy: An administrative fee of \$50 will be charged for all cancellations. For a refund, notice of cancellation must be received by **May 14, 2015**. The \$50 administrative fee will still apply. Substitutions may be permitted without charge. We regret that a refund cannot be offered after the cancellation deadline.

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