



Presents:

Management of Speech Sound Disorders in Children with Autism

Carolyn Spavor, M.H.Sc., SLP (C), Reg. CASLPO

Speech-Language Pathologist at ISAND

Date: Monday, June 10th, 2019

8:30am – 4:30pm

Breakfast and registration starting at 8:00 am

The Speech & Stuttering Institute 2-150 Duncan Mill Road, Toronto, ON M3B 3M4

When a child with autism also has a speech sound disorder, therapy can be a challenge for everyone involved. This interactive full-day workshop will help Speech-Language Pathologists support these young clients by tuning into their needs, individualizing their programming, and using evidence-informed assessment and therapy principles to guide everyone forward.

Topics include functional goal-setting, integrating work on speech sounds with other communication goals, planning for generalization, engaging children with autism, planning sessions and activities, and involving parents.

Registration Deadline:

Friday, May 24th 2019

- \$300
- \$275- Early Bird

Please note that the Early Bird registration deadline is:

April 22nd, 2019

Slides will be made available electronically to participants. Fee includes breakfast, refreshments, and lunch (Please note: vegetarian option available, for all other food restrictions we request you bring your own food)

There is a \$50 processing fee for refunds.
No refunds after Friday, May 24th, 2019

The morning session will focus on:

- knowing when it is appropriate to address a speech sound disorder in a child with autism
- obtaining and interpreting assessment information to create functional speech goals
- developing target vocabulary

The afternoon session has a therapy focus and covers:

- cueing strategies
- creating individualized therapy sessions and activities
- strategies to support engagement in therapy
- collaborating with parents and other team members

Please return to: The Speech & Stuttering Institute by one of the methods below:

mail: 2-150 Duncan Mill Road, Toronto, ON M3B 3M4

fax: 416-491-7215

online: <https://www.speechandstuttering.com/workshop-registration/>



Name: _____

Address: _____

Home Phone: _____ **Work Phone:** _____ **Email:** _____

I have included a cheque for \$ _____ payable to **THE SPEECH AND STUTTERING INSTITUTE**

I authorize payment by: VISA MasterCard

Name on card: _____ **Card #:** _____ **CVV #:** _____

Expiry Date: _____ **Signature:** _____