



## Presents:

### **Making a Difference: Best Treatment Practices for Preschool and School-Aged Children with Motor Speech Disorders - Debra Goshulak, M.H. Sc. Reg. CASLPO**

**Wednesday, October 19, 2016**

**8:30am – 4:30pm**

Breakfast and registration starting at 8:00 am

Novotel Toronto North York, Gibson Ballroom  
3 Park Home Avenue, Toronto, ON M2N 6L3

This full day workshop will present a motor based approach for the assessment and treatment of children's motor speech disorders. The focus will be on the development of effective and meaningful goals, vocabulary selection, therapy techniques, session and activity planning and involving parents.

The purpose of the workshop is to provide speech-language pathologists and communication health assistants with practical treatment ideas for children with motor speech disorders. Many of the ideas are also applicable to therapy for children with other types of speech sound disorders.

#### **Registration Deadline: Tuesday, October 11, 2016**

- \$210
- \$185 - Early Bird/Groups of 4 or more from the same agency
- \$150 - Current students (ID required)

#### **Please note that the Early Bird registration deadline is Friday, September 16, 2016**

Fees include comprehensive handouts; breakfast, refreshments, and lunch (please contact us for specific dietary needs).

The morning session will focus on:

- understanding differences between various speech disorders
- understanding how assessment information is used to develop goals and goal progressions
- developing target vocabulary

The afternoon session has a therapy focus and covers:

- cueing strategies
- using motor learning principles
- session planning
- tried and true as well as new therapy activities
- caregiver roles and home practice activities

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: \_\_\_\_\_