

OACRS Augmentative & Alternative Communication (AAC) & Autism Best Practices Networking Day

AAC and Autism Services – Partnering for Communication

Registration: \$25 per person (catered lunch & breaks)
Thursday, June 16, 2011; 9:00 am-3:30 pm (8:30 registration)
TVCC, 779 Base Line Rd. E., London, ON

www.tvcc.on.ca

**Parking: Visitor Lot 7, LHSC rate of \$3.50/hr or \$10.50 flat rate



Professionals who work with clients who have Autism and a need for AAC can share ideas and current practices, develop documented best practices of service delivery and network with professionals who provide a similar service.

Represent your centre and discuss the following topics related to AAC and Autism in a small group format:

- Service delivery: collaboration across organizations, internal services within a centre and identifying gaps.
- Evidence-based knowledge that informs practice: assessment/intervention or process tools currently available; potential methods of measuring outcomes; cross-service training/educational opportunities needed.
- Next steps.

Key themes from each small group discussion will be presented to the large group. **It is suggested that a maximum of 2 participants from each centre attend: one each from AAC and Autism teams.**



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PLEASE REGISTER BY: MAY 31, 2011 – REGISTRATION IS LIMITED

Mail completed form with payment to: TVCC, 779 Base Line Rd. E., London, ON, N6C 5Y6, Attn: Carrie Connell or FAX to 519-685-8699 with credit card information. Please do not mail cash. Cheques can be made out to TVCC.

Videoconferencing/teleconferencing is available, although participants are encouraged to attend in person due to the nature of the format. Please register as per above AND contact Carrie Connell at 519-685-8700, ext. 53367 or e-mail register@tvcc.on.ca with the video conference camera address or phone number you will be teleconferencing from **TWO WEEKS PRIOR**. Yes, I will be attending via VC/teleconference and will send details as per above.

1) Name: _____ Title/Position: _____

Phone #: _____ E-mail: _____

2) Name: _____ Title/Position: _____

Phone #: _____ E-mail: _____

Company/Address: _____

Cheque (payable to TVCC)

Visa Card

Master Card

Card #: _____ Expiry Date: _____ Amount: _____

Signature: _____