



Sorting Through Augmentative and Alternative Communication (AAC)

March 27, 2012

School-based Speech and Language Pathologists face an overwhelming task of selection and acquisition of Augmentative and Alternative Communication (AAC) systems for students. This workshop will introduce a system for categorization and selection of AAC systems for school-aged students. iOS apps (ipad/ipod) for communication and web based tools for use within the classroom will be demonstrated. Web based resources will also be provided. Participants in this workshop will have access to a website with additional resources for choosing and implementing AAC devices within the classroom.

Learner Objectives:

As a result of participation in this workshop learners will be able to:

- Classify AAC systems for assessment and implementation.
- Identify and use web based tools for creation and implementation of AAC systems.
- Select and implement appropriate AAC apps for communication.

Presenter: Paula Walser, Director of E-Learning, CESA 6

Audience: Special Education Teachers, Speech/Language Pathologists, Paraprofessionals

Registration: 8:00-8:30AM **Workshop:** 8:30AM-3:30PM

Location: CESA 6, 2300 State Road 44, Oshkosh

Fee: \$165.00 includes handouts, certificate, continental breakfast and lunch

Questions: Karen Stindt, kstindt@cesa6.org or 920-236-0526

Register On-line: http://www.cesa6.k12.wi.us/prof_dev/calendar_events.cfm or

Contact: Paula Starr, pstarr@cesa6.org or 920-236-0567

Wisconsin Teacher Standards (WTS) & State Performance Plan Indicators (SPPI) Emphasized:

WTS - 3, 4 & 6
SPPI - 3 & 5

Cancellation Policy: Any workshop registration cancellations must be received 48 hours before the workshop scheduled date, for a refund to be issued. Because attendance at most workshops has to be limited, persons registering for a workshop and not in attendance on the day of the workshop will be charged the full registration fee.

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March 27, 2012 **\$165.00**
CESA 6-Oshkosh

Participant Name(s)

Position(s)

District

Phone (Work)

(Home)

Would you like to be notified by email of future CESA 6 training sessions? ☐ Yes ☐ No

Email Address

Special accommodations or dietary needs

Please check one:

- ☐ Check is enclosed, made payable to CESA 6
- ☐ Bill my School District, PO # _____
- ☐ Use my Conference Attendance Fund (CESA 6 employed staff ONLY)
- ☐ Credit Card Payment

Cardholder Name

Cardholder Address (include city, state ZIP)

Credit Card Type (VISA, MasterCard, etc.)

Credit Card Number

Expiration Date

3 Digit Code on Back of Card

RETURN TO:

Paula Starr, CESA 6, PO Box 2568, Oshkosh, WI 54903-2568