



Augmentative and Alternative Communication (AAC)

So Many Options

Presented By: Paula Walser, CESA 6

Date: February 5, 2010

Location: CESA 6 Large Conference Room, Oshkosh

Time: 8:30AM - 3:30PM (8:00AM Registration)

This workshop is designed for special educators and speech and language pathologists working with student's who would benefit from augmentative and alternative communication (AAC). It will address the functional communication and academic needs of verbal and non verbal students. The workshop will provide useful resources for consideration of AAC solutions. Web-based resources will be highlighted and participants will be provided access to an AAC Wiki designed by the presenter.

As a result of this workshop participants will be able to:

- Define terms related to the field of augmentative and alternative communication (AAC)
- Locate and use web based resources for delivery of AAC services
- Identify appropriate AAC candidates
- Identify devices for potential users

Wisconsin Teacher Standards and State Performance Plan Indicators Emphasized:

Standards 3 & 4:

- Teachers understand that children learn differently.
- Teachers know how to teach.

Indicator 5:

Percent of children with IEPs aged 6 through 21 served:

Fee: \$125.00 (Includes: handouts, certificate, continental breakfast & lunch)

Questions: Barb Behlen, Coordinator Regional Service Network, 920-236-0551 or bbehlen@cesa6.k12.wi.us

CESA 6 Web Site: www.cesa6.k12.wi.us

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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CESA 6 Large Conference Room **Cost \$ 125.00**

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

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 _____

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: 920-236-0567 Paula Starr
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