

*Fourteenth Annual*

# ***THERAPIES IN THE SCHOOL***

***CONFERENCE***  
November 21-22, 2013  
Framingham, Massachusetts

Join us at this year's highly acclaimed conference which will enable you to provide effective **evidence-based** strategies that foster increased academic performance, social participation and inclusion for all children with special needs including those with severe involvement.

Learn to judiciously select assistive technology, appropriate assessment tools, sensory-based strategies, movement-based strategies and environmental/technology adaptations to facilitate student access and participation in school programming.

Learn best practices for successful collaboration, creative solutions to workload management and new opportunities for the emerging role of therapists in addressing wellness in school settings.

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## THURSDAY NOVEMBER 21 2013

- 8:15-8:45 Registration/Continental Breakfast
- 8:45-9:00 Welcome and Introduction - **Carol Loria**, Conference Chairperson
- 9:00-10:30 New and Exciting Advances in Technology: Applications to Therapy, Consultation and Collaboration in the 21<sup>st</sup> Century  
**Kelly Charlebois**
- 10:30-10:50 Break
- 10:50-12:20 Evidence Based Strategies for the School Based Therapist  
**Jonathan Greenwood**
- 12:20-1:45 Lunch (on your own)
- 1:45-5:00 **Concurrent Workshops 1: Afternoon breaks will be scheduled for each workshop. (Indicate your first and second choices on the registration form)**
- A. Brain Gym® for Children with Special Needs  
**June Smith**
  - B. Tests and Measures: Selecting the Most Relevant Tests; Formulating Realistic OT and PT IEP Goals  
**Wendy Costa, Helene Dumas, Maria Fragala**
  - C. The Severely Involved Child: Aligning Goals with Curriculum  
**Jonathan Greenwood**
  - D. Harnessing the iPad to Empower and Engage all Learners: Access Options, New Apps and Tricks/Tips  
**Shawn Rubin, Tania Rosa**

## FRIDAY NOVEMBER 22 2013

- 8:00-8:30 Registration/Continental Breakfast
- 8:30-10:00 Practical Applications of Neuroscience: Innovative Strategies for the Classroom  
**Janine Wiskind**
- 10:00-10:20 Break
- 10:20-11:50 Collaborative Approaches to Addressing Wellness at School: The Role of Related Service Providers and New National Mandates  
**Susan Ronan**
- 11:50-1:00 Luncheon (provided)
- 1:00-4:15 **Concurrent Workshops II Afternoon breaks will be scheduled for each workshop. (Indicate your first and second choice on the registration form)**
- A. Visual and Vestibular Strategies to Optimize School Participation and Learning  
**Janine Wiskind**
  - B. Treating Balance and Gross Motor Issues in Children with Autism  
**Susan Ronan**
  - C. The PEDI-CAT as a Tool to Set and Measure Outcomes and Progress: Interpretation and Problem-solving  
**Wendy Costa, Helene Dumas, Maria Fragala**
  - D. A Collaborative Push-in Model to Prevent out of District Placement for the Severely Involved Child  
**Diane Bessey**

## LOCATION AND ACCOMMODATIONS

### Sheraton Framingham Hotel\* 1657 Worcester Road (Route 9) • Framingham, MA

A limited number of rooms have been reserved at the Sheraton Framingham Hotel, **until October 22, 2013** at a rate of \$129.00 per night plus tax.\* You may call the hotel directly at 508-879-7200. Mention Education Resources to receive the discounted rate.

**We urge you to make your hotel reservations as soon as you receive course confirmation. Please call our office to confirm your acceptance before making non-refundable airline reservations.**

\*Conveniently located only 18 miles west of Boston and just off the Massachusetts Turnpike (I-90).



Approved provider of continuing education by the American Occupational Therapy Association #3043. The assignment of AOTA CEU's does not imply endorsement of specific course content, products or clinical procedures by AOTA.

National Board for Certification in Occupational Therapy Inc. (NBCOT) Professional Development Provider - 15 PDU's

This course meets the criteria for 12 contact hours (1.2 CEU's, PDU's). Participants who require Massachusetts PDPs can bring their Certificate of Attendance to their respective districts for approval. Approved by the New York State Board of Physical Therapy and by the New York State Education Department. for 14.4 contact hours,



Education Resources, Inc is approved by the Continuing Education Board of the American Speech-Language-Hearing Association (ASHA) to provide continuing education activities in speech-language pathology and audiology. See course information for number of ASHA CEUs, instructional level and content area. ASHA CE Provider approval does not imply endorsement of course content, specific products or clinical procedures.

This course is offered for 1.2 ASHA CEUs (Intermediate level, Professional area).

## REGISTRATION SCHOOL CONFERENCE

**\$455.00 fee** Group rate (3 or more) must be faxed/mailed together **\$440.00**. Single day rate **\$265.00**. Deadline for registration is **November 9, 2013**. Registration will be accepted after deadline on a space available basis. To receive a refund (minus a non-refundable \$75 administrative fee), cancellation must be received by November 9. No refunds after November 9. Enrollment is limited, so register early!

**Please make check payable and return to:**

**Education Resources, Inc., 266 Main St., Suite 12, Medfield, MA 02052**  
(508) 359-6533 or (800) 487-6530 (outside MA). Fax (508) 359-2959

Name \_\_\_\_\_ Discipline \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_  
Facility Name (with city & state) \_\_\_\_\_  
Email address (needed for confirmation and directions) \_\_\_\_\_  
How did you hear of this conference \_\_\_\_\_

### Workshop Selections

**Please write (1) for your first choice and (2) for your second choice of workshops for each day.**

**Day 1** \_\_\_\_\_ A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D

**Day 2** \_\_\_\_\_ A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_ D

### Payment Information

Total Amount: \$ \_\_\_\_\_  Check enclosed  Visa  Discover  MasterCard

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

CVV2 Code \_\_\_\_\_ (last 3 digits on back of card)

**Cardholder's name & address as it appears on statement if different from above.** \_\_\_\_\_

Signature (required for credit card registration) \_\_\_\_\_