

EVIDENCE BASED PRACTICE OF SENSORY INTEGRATION

INTERMEDIATE
COURSE!

Description:

In today's demanding and cost conscious market, therapists are increasingly required to demonstrate the efficacy of the interventions they use and the practice of sensory integration is no exception. This course will address this important need. The ability to provide evidenced-based practice is crucial for today's therapists. This course will provide therapists with key research to support the theory and practice of sensory integration. Evidence for the key points of the sensory integration frame of reference will be provided. The key concepts of sensory integration intervention will be presented and research on the effectiveness of SI intervention will be examined and critiqued. Information will be presented in a clear, ready to use format through lecture, handouts and case studies. Ample resources will be provided.

Suggested Audience: OTs and SLPs

This course is offered for .6 ASHA CEUs; (Intermediate Level; Professional Area)

This course is offered for .6 AOTA CEUs; (Intervention & Outcomes)

Objectives:

Participants will be able to:

1. Describe key concepts of sensory integration theory and frame of reference.
2. Describe key concepts of sensory integration intervention.
3. Identify research which supports sensory integration theory.
4. Identify and summarize research on sensory integration intervention efficacy and articulate strengths and weaknesses of effectiveness research.
5. Apply sensory integration research to clinical practice through case review.

Schedule* (6 contact hours)

8:00 Registration
8:30 • Introduction to core concepts of sensory integration theory and frame of reference • Research on core concepts of sensory integration theory
10:00 Break
10:30 • Research on sensory processing • Research on motor performance
12:00 Lunch on your own
1:00 • Introduction to core concepts of sensory integration intervention • Intervention case study
2:30 Break
3:00 • Overview and critique of sensory integration effectiveness research • Applying evidence in clinical practice
4:30 Adjourn

* Topic times may vary; contact hours do not.

Faculty

Teresa A. May-Benson, ScD, OTR/L Clinical Specialty Director of Occupational Therapy Associates-Watertown, P.C. and Research Director of the Spiral Foundation at OTA-Watertown, is a well known lecturer on sensory integration theory and intervention. Dr. May-Benson has a special interest in and extensive experience with autism, particularly older students and adults. Dr. May-Benson received her bachelors degree from Ohio State University and her master's and doctoral degrees from Boston University with a concentration in sensory integration and school system therapy. She has also authored four book chapters on praxis, published dozens of papers, and received numerous awards recognizing her contributions.

2012 Tuition

Tuition: \$230.00 (Includes handouts, and morning and afternoon refreshments)

Discount Deadlines:

Super Saver Deadline (8 weeks prior to course date):
\$210

Early bird deadline (4 weeks prior to course date): \$220
Registration deadline 1 week prior to course date •

Regular Price: \$230 (after this date, \$280)

Been to a PDP course in the last 3 years?

Ask about our multiple course discount.

Maximum combined discount limit for a One-Day course is \$30.00 from the regular tuition.

Interested in bringing this course or any Professional Development Programs workshop to your facility?

Visit us at www.pdppro.com/outreach.shtml for further information or email outreach@pdppro.com.



For more information please contact:
Professional Development Programs

1675 Greeley Street South
Suite #101
Stillwater, MN 55082
Phone: 877-439-8865
Fax: 877-259-5906
www.pdppro.com



APPROVED PROVIDER



Professional Development Programs & Products 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.

PDP Registration Information

Registration Procedures

Register by mail, phone, fax or on-line. Early registration is recommended. Mail completed registration form with check or money order to Professional Development Programs postmarked no later than the registration deadline. Make check payable to Professional Development Programs and mail to: 1675 Greeley St. So., Ste. 101, Stillwater, MN 55082. Designate the course and site you plan to attend. Full payment is required to confirm space. For Purchase Orders without payment add \$50 for the processing fee. Copy of PO must accompany registration. Phone, fax or on-line registration must include a valid VISA, MasterCard or Discover number with expiration date & signature.

Documentation/Credit

All participants will receive certification of the number of contact hours attended. If additional information is required for specific credit or CEU purposes, contact Professional Development Programs 6-8 weeks prior to the course.



Professional Development Programs is an American Occupational Therapy Association (AOTA) Approved Provider of Continuing Education. The assignment of AOTA CEUs does not imply endorsement of specific course content, products or clinical procedures by AOTA. See individual course listing for specific information.



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Discounts/Additional Information

Group Size	1-Day Course Discount	2-Day Course Discount
3-5	\$10/person	\$20/person
6 or more	\$20/person	\$30/person

All registrations must be submitted together by the course deadline and all discounts must be taken at time of registration. No refunds are made retroactively or after the course deadline. Maximum combined discount limit is **\$50 for a Two-Day course and \$30 for a One-Day course** from the **regular tuition**. This brochure may be copied for informational and/or registration purposes.

Cancellation Policy

All cancellations must be in writing, including the reason for cancelling and must be received by PDP at least three weeks prior to the course; no compensation will be granted after that date. If the cancellation meets the three week deadline, the registrant may choose a refund or a transfer credit, minus a \$75 processing fee, to be issued following the program. A transfer credit may be applied toward another PDP course within three years of the issue date.

PDP reserves the right to cancel any course with due cause and refund in full. Participants purchasing NON-refundable airfare tickets should verify course availability before final purchase. Weather and/or transportation difficulties are not the responsibility of the workshop sponsor, PDP, and failure of a chosen means of transportation is not grounds for tuition refund when the course is held.

Our ADA policy can be found online at: www.pdppro.com/policies.shtml.

Authorship disclosure:

The speakers may receive royalties from their authored publications and materials.

For a complete look at our courses and therapeutic products, visit us online at www.pdppro.com.

-----Professional Development Programs Registration Form:-----

Date sent: _____

Please sign me up for the following workshop:

Course Name: _____

Course Dates: _____

Course Location: _____

Additional Course Materials: _____

See individual course listings for any required materials

Course Tuition: _____

8 Week Discount: _____
for registrations received 8 weeks prior to course dates.

4 Week Discount: _____
for registrations received between 8 and 4 weeks prior to course dates.

Group Discount: _____

\$50.00 Late Fee: _____
for registrations received < 1 week prior to course dates.

\$50.00 Processing Fee: _____
for purchase orders requiring invoicing.

Additional Materials: _____

Total Tuition: _____

Name: _____ Professional Title _____ Employer _____

Home Address: _____ City: _____ State: _____ Zip: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Evening Phone: _____ Daytime Phone: _____ E-mail: _____

Name as it appears on card (please print) _____ Signature _____

Card Number _____ - _____ - _____ Exp Date _____ / _____ CVV _____

Billing address if different than home address listed above _____

How did you hear about us? _____ Promo Code: _____

Register online at: www.pdppro.com or by phone: 877-439-8865 (M-F; 9-5 CST)