

AT Assessments & AAC Evaluation Boot Camp

Assistive Technology & Augmentative Communication:
Evaluations & Interventions for Education



Presented by:

Susan A Zapf, Ph.D., OTR, BCP, ATP
Debby McBride, MS, SLP-CCC



2-Day Workshop: \$199 per person

****an additional \$25 will be charged for onsite registration****

Groups of 4+: 10% discount if you register by August 2nd

****Use code "4+ group discount" on registration form****

Workshop location: 3330 Arctic Blvd., Suite 102 Anchorage, AK 99503

Monday, August 19, 2013

8:30 – 3:30

The AT/AAC Assessment

Tuesday, August 20, 2013

8:30 – 3:30

AT/AAC Solutions & Implementation

This workshop will provide:

- Help simplify your AT/AAC evaluations
- Provide knowledge for AT during the transition process
- Confidence to perform assessments in the educational setting
- A complete AT/AAC assessment process, MATCH-ACES Module-Evidence Based, including forms and templates
- A specialized list of available low-cost toolkit items and Apps so you can assemble your own evaluation toolkit (many of you may already have on hand!)
- CD with copies of forms/templates to use *(must be registered no later than August 12th)*

In the workshop you will:

- Create a team approach to evaluations and the transition process
- Learn the essentials in an AT/AAC Assessment
- Determine AT/AAC device features to aid in decision-making process including the student's IEP
- Will review helpful AT/AAC tools, Apps, and device options
- Case studies and group work

The audience for this workshop:

- Speech/language Pathologists, Occupational Therapists, Physical Therapists, Assistive Technology Providers, Special Educators

www.aactechconnect.com/akworkshop

1.1 CEUs Available

AAC TechConnect offers IACET CEU's provided by AAC Institute, which can also be used for ASHA certification maintenance or other professional CEUs. For more info, please go to

<http://www.aac institute.org/CEUs/Participants.html>

Note: This is not an ASHA sponsored activity, but you can still get 1.1 CEUs for ASHA.

1.0 UAA Credit Available

This course is made available through the University of Alaska Anchorage. Registration is provided on-site. Please contact Margaret Cisco of ATLA (margaret@atlaak.org) or 907-563-2599 for additional course details.

Debby McBride, MS, CCC-SLP



Debby McBride is an Augmentative Communication Specialist & the founder of AAC TechConnect. She has 27 years experience working in most areas of augmentative communication. Her clinical experience is in a variety of settings (outpatient, schools, rehab, and hospitals). Her educational presentations on AAC evaluations are well known nationally, as well as her unique clinical and online toolkits.

Susan Zapf, Ph.D., OTR, ATP



Dr. Zapf is an occupational therapist and assistive technology professional with over 17 years of experience working with the pediatric population. She developed the MATCH-ACES assessment, an evidence based process to AT/AAC evaluations. Dr. Zapf works in a private practice pediatric clinic, consults with schools on AT, and has taught university courses on assistive technology in pediatrics. She has presented nationally on assistive technology, occupational therapy and sensory strategies in pediatrics, and animal assisted therapy.

Questions about content or payment:

AAC Tech Connect, Inc.

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Tel: (866) 482-2279

Fax: (888) 977-3083

Web: <http://www.aacTechConnect.com>

info@aacTechConnect.com

This workshop is sponsored by:

Assistive Technology of Alaska

3330 Arctic Blvd., Suite 101

Anchorage, AK 99503

Tel: (907) 563-2599

Fax: (907) 563-0699

Web: <http://www.atlaak.org>

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Registration Form

Register online at www.aacTechConnect.com/store or complete the information below and return by mail, fax, or scanned email.

Please provide information for method of payment if using mail, fax, or email:

Attendee Name: _____

Title: _____

Organization: _____

Purchase order attached: # _____

Note: PO must be received with registration prior to workshop.

Check # _____

Payable to AAC TechConnect, Inc.

Credit Card (circle): Mastercard Visa Discover American Express

Card #: _____

Cardholder name: _____

Expiration date: _____

CID #: _____

Billing address: _____

Signature: _____