



Mediated Self-Talk (MST): The *SOLILOQUY* Method For Language Stimulation and Development

**Seminar on 9 April 2016 (Saturday)
9:30 am - 12:30 pm**

What will be covered?

- **What** is SOLILOQUY?
- **Why:** The theoretical foundations and scientific support for MST
- **How** to introduce the child to MST
- **How** to putting Soliloquy to practice
- Applying MST to **special needs**: Case studies

Who Should Attend?

- Parents of young children
- Parents of children with language delay
- Teachers
- Therapists

Venue:

CREST, Room 706, Peninsula Tower, 538 Castle Peak Road, Kowloon
童步復康及培訓服務，九龍青山道 538 號半島大廈 706 室
(Lai Chi Kok MTR Station, Exit B1 荔枝角港鐵站 B1 出口)

Course Fees:

HKD \$750 (On or before 1 April Friday); HKD \$1,000 (After 1 April)

Who Is The Presenter?

Professor Louis Falik, an Emeritus Professor of Counseling at San Francisco State University (USA) as well as a Senior Scholar in Residence at the Feuerstein Institute in Israel. As a clinical and educational psychologist, Professor Falik has extensive experience on working (assessing and intervening) with children, with particular attention to learning disabilities, academic performance and enhancement objectives. He has written and co-authored a number of books and research papers on dynamic assessment, Theory of Structural Cognitive Modifiability, mediated learning and cognitive intervention using the Feuerstein methods. His recent publication on improving both the cognitive and language development of normal and language delayed children is:

Feuerstein, R., Falik, L., Feuerstein, R. S., & Krisztina, K. (2010). A Think-aloud and Talk-aloud Approach to Building Language: Overcoming Disability, Delay and Deficiency. New York: Teachers College Press.



Mediated Self-Talk (MST): The *SOLILOQUY* Method For Language Stimulation and Development

REGISTRATION FORM

(please put a “✓” in appropriate boxes and fill in BLOCK letters)

Tel: (852) 3628 3443 Fax: (852) 3628 5143 Email: info@crest.hk
Address: Room 706, Peninsula Tower, No. 538 Castle Peak Road, Kowloon, Hong Kong SAR

Personal Particulars

Title: ☐ Mr. ☐ Ms. ☐ Dr. ☐ Prof.

Surname: _____ Given Name: _____

Phone number: _____ Facsimile: _____

E-mail*: _____ Country: _____

Status for Joining

- ☐ Parent
☐ Teacher
☐ Therapist
☐ Others (please specify)

Payment Method

☐ Bank Draft / Cheque No: _____ Name of Bank: _____

☐ Name on Receipt if different from that of applicant: _____

Terms and Conditions

In no event shall CREST Child Development and Education Service Team and its employees be liable to the participants for any costs, losses, damages, liabilities or expenses arising directly or indirectly from the course.

I hereby confirm that the above information I provide is correct and I have read, understood and agreed with all terms and conditions stated for this course.

I want / do not want (please delete as appropriate) to receive updates from the CREST in the future.

Signature: _____ **Date:** _____

Please return this registration form with the course fee cheque (payment to “**CREST Child Rehabilitation and Education Service Team**”) through mail (Address: Room 706, Peninsula Tower, No. 538 Castle Peak Road, Kowloon, Hong Kong SAR); please mark “SOLILOQUY application” on the envelop) on or before the deadline. Successful applicants will be informed individually by email or phone.