



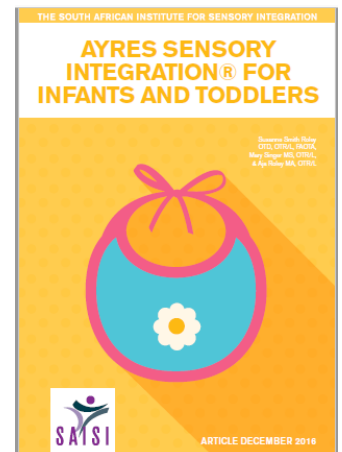
CREST Child Rehabilitation and Education Service Team

Supporting Infant and Child Development through Ayres Sensory Integration®

Hong Kong, 23rd - 24th October 2018 (Tue - Wed)

Course Description

During this workshop, using the essential elements of Ayres Sensory Integration®, participants will learn the contribution of sensory integration to early development including **state regulation, perception, motor skills, and praxis**. Accurate and comfortable sensory integration lays a foundation for perception and action that is pivotal throughout development, beginning with state regulation and progressing towards mastery of a myriad of life skills. Through **video analysis and case discussions**, participants will learn to systematically **analyze sensory functions and analyze assessment findings** for the purpose of understanding early sensory development and for applying that knowledge when communicating with parents and providing effective intervention.



Each Participant will have an "Ayres Sensory Integration® for Infant and Toddlers" Booklet.

Learning Objectives

Upon completion of this workshop, the participant will be able to:

1. Name **5 early functions** that require sensory integration to develop
2. Identify the **primary contribution** of each sensory system to developmental milestones
3. Analyze, interpret, and describe the symptoms of atypical development relative to the **patterns of sensory integrative dysfunction in infants and young children** with and without additional diagnoses
4. Understand **the impact of sensory integrative dysfunction** on the mental and physical health of caregivers
5. List **sensory regulatory strategies** that parents and other caregivers can employ for their infants and young children
6. Plan and **implement therapeutic interventions** for infants and young children with sensory integrative dysfunction

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Course Schedule (*Content and schedule are arranged tentatively, it is subject to change without prior notice)

Day \ Time	DAY 1 Clinical Reasoning using Ayres Sensory Integration®	DAY 2 Ayres Sensory Integration® Evaluation and Intervention
AM	<ul style="list-style-type: none"> * Developmental Theories including Ayres Sensory Integration® (ASI) Theory * Sensory Integration (SI) and Prenatal Development * Attachment Theory[#]: The Dynamic Maturation Model (DMM) 	<ul style="list-style-type: none"> * Working with parents/caregivers * Sensory Modulation: The Fussy Baby * Sensory Modulation: The Sleepy Baby * Demonstration: <i>Infant/ Toddler with Challenges</i>
Lunch		
PM	<ul style="list-style-type: none"> * Typical SI Development 0 – 12 months; 2 and 3 years old * Demonstration: <i>Typically Developing Infant/ Toddler</i> * Clinical Reasoning in ASI and Data Driven Intervention 	<ul style="list-style-type: none"> * Vestibular Postural & Bilateral Control – The Clumsy Baby * Praxis – The Disorganized Baby

[#]Presented by Mr. Stephen Tsz Man Chan

Presenter

Dr. Susanne Smith Roley (OTD, OTR/L, FAOTA)

Target Participants

Occupational/ Physical Therapists, Speech-Language Pathologists, Medical and Health Care Professionals, Parents and Individuals who interested in research and evidence-based practice using sensory integration theory and methods for children aged 0-3 years

Language

English

Certification

Certificate of attendance will be issued to participants with over **80%** attendance.

Date / Time / Venue

23rd – 24th October, 2018 (Tue - Wed) / 09:30 – 17:30

Venue will be confirmed in 2 months prior to the course

Course Fee & Deadline

	Single Person	Group of 3 Persons
Early Bird Registration (On or Before 31st Jul, 2018)	HK\$3,600	HK\$9,600 (HK\$3,200 / Person)
Standard registration (End on 31 st Aug, 2018)	HK\$3,900	HK\$10,800 (HK\$3,600 / Person)

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Payment

For Local Applications:

- By cheque:
Payable to **“CREST Child Rehabilitation and Education Service Team”**
* Please **send** to the address below together **with the registration form**:
“To: CREST Child Rehabilitation and Education Service Team
Room 706, Peninsula Tower, No. 538 Castle Peak Road,
Cheung Sha Wan, Kowloon, Hong Kong (SAR)”
- By Automatic Teller Machine (ATM):
Bank / Account No.: **HSBC / 634-388821-838**
Bank Account Name: **TSRCL T/A CCR&EST**
* Please **write down YOUR FULL NAME and COURSE NAME on the bank advice slip** and **email together with registration form** to info@crest.hk.

For International Applications:

- By Telegraphic Transfer (TT)
* Please see the attached “Telegraphic Transfer (TT) Instructions for CREST” for details, and **email the TT bank advice slip together with registration form** to info@crest.hk.

Terms & Conditions

(i) Notification:

Notification will be sent individually through email once your application and payment is received.

(ii) Confirmation:

The confirmation will be sent individually through email by **7th Aug, 2018** for Early-bird Registration and **7th Sept, 2018** for Regular Registration.

(iii) Receipt:

- Official receipt will be distributed on the first day of the course;
- HK\$500 administrative fee will be granted if:
 - a. re-issuing receipt with returning of original receipt, or
 - b. certified true copy of receipt is requested.

(iv) Withdrawal Policy:

- No transfer of the fee to other courses or another person upon the enrollment is confirmed.
- HK\$500 administrative fee will be requested if written request for cancellation is received on or before **7th Sept, 2018**. No refund can be arranged after that day.

(v) CREST Child Rehabilitation and Education Service Team reserves the right on final decision on enrollment and cancellation of the course due to unforeseeable circumstances.

Remarks

Website: www.crest.hk/infant-asi

Apps: For filling up the form with your mobile through “Adobe Fill & Sign”



Enquiry: Please feel free to contact Ms. Raymie Leung or Mr. Stephen Chan at (852) 3628 3443 or info@crest.hk.

REGISTRATION FORM

Personal Particulars (Please fill-in all the information below in BLOCK letters and put a "✓" in appropriate box(es))

Title: ☐ Dr. ☐ Mr. ☐ Ms.

Family Name: _____ Given Name: _____

Preferred name appeared on official receipt: Same as Above /

Preferred name appeared on certification: Same as Above /

Working Institution: _____ Occupation: _____

Country: _____ Phone No.: _____

E-mail*: _____

**Please state clearly for receiving notification & confirmation.*

Payment

	Single Person	GROUP OF 3 PERSONS <i>*Please state the other 2 Participants' FULL Names below & send together with their Registration Forms:</i> 1. _____ 2. _____
Early Bird Registration (On or Before 31 st Jul, 2018)	<input type="checkbox"/> HK\$3,600	<input type="checkbox"/> HK\$9,600 (HK\$3,200 / Person)
Standard registration (End on 31 st Aug, 2018)	<input type="checkbox"/> HK\$3,900	<input type="checkbox"/> HK\$10,800 (HK\$3,600 / Person)

☐ Cash (Date: _____)

☐ ATM / Bank-in / Online Transfer (Date: _____ Ref. No.: _____)

☐ Cheque (No.: _____ Bank: _____)

☐ Telegraphic Transfer (Date: _____ Bank: _____)

Declaration

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

I hereby confirm that I have read, understood and agreed with all the terms and conditions and withdrawal policy stated for the course.

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

Signature: _____

Date: _____

Staff Use Only

Remarks:

Receipt No.:	
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