



Overview

SPELL is a framework developed by the National Autistic Society, UK.

It underpins all areas of work, and provides a strong basis for good practice, and a shorthand tool for problem solving. It is set within the context of each person having an individual plan designed to meet their specific needs and interests.

S - Structure

P - Positive Expectations and Approaches

E - Empathy

L - Low Arousal

L - Links

What the course will cover

- *History of ideals*
- *Implications for intervention*
- *Prevalence*
- *Diagnostic issues and associated conditions*
- *Range of gender basis of condition*
- *Definitions and classifications*
- *Characteristics of Autism*
- *Overview of causes*
- *Responding to ASD*
- *Overview of approaches*
- *Understanding quality of life issues*
- *Implications for teaching and learning*
- *Understanding at a cognitive level*
- *Understanding difficulties of people with Autism, and their families*
- *Framework for understanding and responding to ASD*



Aim

To be used throughout all services to maximise life and learning opportunities for people with ASD.

Who Should Attend?

S.P.E.L.L. is a programme specifically for carers of people with an Autism Spectrum Disorder, including parents, foster parents family/whanau and other caregivers.

Duration

S.P.E.L.L. is a two day training programme run throughout New Zealand. The programme runs from 9am to 3pm each day.

Cost

This course is free for parents, foster parents, family/whanau and other volunteer caregivers including their child's teacher aide.

There is a charge of \$220.00 (incl G.S.T.) for professionals
i.e: teachers, therapists etc.

Autism New Zealand Inc does not cover travel, childcare or any other personal costs associated with course attendance.

How do I register?

To be able to participate, a registration form must be completed and returned to National Office. If you are a professional please include payment to secure your place on this course.

Morning tea and lunch will be provided.



Registration Form

Attendee Details			
Title _____		Surname _____	
		Given Name _____	
Address _____			
Phone Hm _____		Wk _____	
		Mob _____	
		Fax _____	
Badge Name _____			
Course details			
City _____		Date _____	
<i>Please include the city and date of the course you wish to attend to ensure your registration is correctly administered.</i>			
Please tick a box showing registration type			
Professional Registration		Parent/Family membership Registration	
\$220.00 incl GST <input type="checkbox"/> Teacher <input type="checkbox"/> Caregiver <input type="checkbox"/> Speech Language Therapist <input type="checkbox"/> Other _____ Agency you work for _____		No Charge —A parent or guardian is invited to bring up to 2 additional persons who are currently actively involved with their family member with ASD Relationship to person with ASD <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Teacher aide <input type="checkbox"/> Grandparent <input type="checkbox"/> Other _____	
Family registration only - name of person with ASD			
Age & diagnosis of person with ASD			
Payment (Professionals only) TICK TYPE <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card			
<i>Make Cheques Payable to Autism New Zealand Inc.</i>			
Sum paid \$ _____		Date paid _____	
Credit card details			
Card type		<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Bankcard	
Card Number _____ / _____ / _____ / _____ / _____			
Cardholders Name _____		Expiry _____	
When completed, return to Autism New Zealand Inc. PO Box 42052, Tower Junction Christchurch New Zealand Ph 03 339 2627 Fax 03 339 2649		Office Use Only	
		Amount rec'vd _____	
		S/No _____	
		<u>Autism New Zealand Inc.</u> <u>GST No. 64-234-382</u> This registration form is a tax invoice, keep a copy for Inland Revenue.	