



# Autism New Zealand Inc.

Including Asperger Syndrome and Related Disorders

Presents

## Socially Speaking Seminars

Alison Schroeder and Justine Aldous

### Stress and Anxiety

This practical workshop is designed to support parents/carers/teaching staff in understanding their child's stress and help provide simple strategies to implement at home/school. Each participant will design a personal stress management plan for their child.

#### Topics covered:

The stress response  
Stress Triggers  
Physical strategies  
Cognitive strategies  
Communication strategies  
Environmental adaptations

### Relationship and Friendship

This informative workshop will develop an understanding of the challenges children on the autistic spectrum face everyday in the social world. Once again it provides practical strategies for both school/home to implement in order to support their child.

#### Topics covered

The social world  
**Strategies at school** – working together as a team – a) developing awareness of the peers and teaching staff, b) setting up peer supports c) structured playtimes and d) develop social skills  
**Strategies at home** – play dates, working within the community, teaching social skills at home

### About Alison Schroeder

Alison Schroeder is a New Zealand registered Speech-language therapist and primary school teacher who has written a number of social skill resources (including The Friendship Formula, Socially Speaking, The Socially Speaking Game, Time to Talk and the Time to Talk game) which are published in the United Kingdom and used throughout the world. She has over 17 years experience of working with language and communication difficulties (in New Zealand, England and Hong Kong) and has specialized in the area of social communication.

### About Justine Aldous

Justine Aldous is a New Zealand registered Occupational Therapist with 16 years experience in Mental Health, Vocational Rehabilitation and Paediatrics. She certified in Sensory Integration in 1994 with Anita Bundy and her main paediatric experience has been in education. Justine also has significant expertise in anxiety and stress management with both adults and adolescents.

### Location

<b>Christchurch</b>	27th March 2009	Chateau on the Park
<b>Wellington</b>	3rd April 2009	West Plaza Hotel
<b>Auckland</b>	1st May 2009	Spencer on Byron Hotel

### Costs

Registration Fee

### Professional Fees

\$160.00

### Family Fees

\$130.00

### Duration

9.00 am – 4.00 pm

### Confirmation of Registration

It is our policy to confirm all registrations in writing. If you do not receive a written confirmation please contact the seminar organiser.

### Please completed form (overleaf) and return to:

Autism New Zealand Inc. PO Box 42052 Tower Junction Addington Christchurch New Zealand 8149  
Ph 03 339 2627 Fax 03 339 2649 0800 AUTISM (288 476) www.autismnz.org.nz



# Socially Speaking Seminar

## Registration Form

<b>Attendee Details</b>			
Title _____	Surname _____	Given Name _____	
Address _____			
Phone _____	Hm _____	Wk _____	Mob _____ Fax _____
Badge Name _____			

<b>Course details</b>	
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
Registration Fee \$160.00 incl GST	Registration Fee \$130.00 incl GST
<b>Position (please tick)</b>	<b>Please tick one</b>
<input type="checkbox"/> Teacher <input type="checkbox"/> Psychologist <input type="checkbox"/> Medical professional <input type="checkbox"/> Therapist <input type="checkbox"/> Psychologist <input type="checkbox"/> Caregiver <input type="checkbox"/> Other _____	<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Teacher aide <input type="checkbox"/> Grandparent <input type="checkbox"/> Other _____

Agency you work for (if professional) _____
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<b>Payment</b>	
<i>Make Cheques Payable to Autism New Zealand Inc.</i>	
Sum paid      \$ _____	Date paid _____
<b>Credit card details</b>	
Card type	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Card Number	_____ / _____ / _____ / _____
Cardholders Name _____	Expiry _____

<b>Cancellation Policy</b>
Cancellation made up to two weeks before the date of the event will be refunded less 40% of the registration fee to cover administration costs. No registration refunds will be made after this date. Cancellation will not be accepted unless in writing.
As an alternative, registration may be transferred to another person 10 days before the event without penalty. A request of transfer after this period will incur a 30% transfer charge. Requests for cancellation and transfer must be made to the seminar organiser in writing

	Office Use Only
Amount rec'vd	
Receipt No	

**Autism New Zealand Inc. GST No. 64-234-382**  
This registration form is a tax invoice, keep a copy for Inland Revenue.