

# **Play and Sensory Integration as Foundations for Language Development in Autistic/Asperger's Syndrome Children (4-11)**

Presenters:

Marti Baio, M.A., CCC-SLP  
Speech Therapist, Owner Baio Enterprises  
Susan J. Golubock M.Ed., OTR/L,  
Occupational Therapist,  
Co-founder of Making Sense of Autism

**January 21, 2006**  
**12:30—4:30 p.m.**

At **Baio Enterprises, Inc.**  
1745 S. Alma School Road  
Suite #145, Mesa, AZ 85210  
Phone (480) 963-3634  
Fax (480) 855-8384

Email: [info@baioenterprises.com](mailto:info@baioenterprises.com) or [makingsenseofautism@msn.com](mailto:makingsenseofautism@msn.com)

Goals of the workshop: (participants will learn...):

- How to use play as a natural facilitator of language development. [Marti]
- What sensory input is missing that can interfere with natural play development in autism spectrum children and how to facilitate it through floor time play. [Susan]
- How to engage the autism spectrum child in play that promotes interactive communication and the social/emotional motivation that stimulates language development. [Marti]
- To recognize the sensory processing pattern of the autistic spectrum child they live/work with and how to respect it during play to facilitate a relationship based on learning through fun. [Susan]
- How to use developing language and pragmatics to assist the child in problem-solving. [Marti]
- How to use developing language and self-awareness to teach self-advocacy skills. [Susan]

Who should attend: Parents, Family members, Caregivers, Educators, Therapists...anyone who lives or works with young children on the autism spectrum!

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**Certificates of Attendance Available**

**WORKSHOP FEES**

**Professional:** \$75 if attends as an individual; \$60 each if come as a group from the same facility; \$40 if attends as part of a team.

**Parents:** \$40 as an individual; \$25 if attends as part of a team.

**Team = Both parents; Parent and** therapist, habilitation worker, group home worker or case manager; **Educator and** therapist, administrator, classroom assistant or parent...*send registrations in the same envelope to get the team rate.*

**REGISTER EARLY**

(No later than September 30<sup>th</sup>)

**AS NUMBER OF PARTICIPANTS  
THAT CAN BE ACCEPTED IS LIMITED!**

(Checks only, include with registration to hold your spot)

**LEARN HOW TO WORK WITH YOUR CHILD WHILE HAVING FUN!**

**Yes, sign me up for this fun workshop!**

Name \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address \_\_\_\_\_

I am a [parent] [therapist] [educator] [habilitation/ respite worker] [case manager] [administrator] [classroom assistant]  
[Other: \_\_\_\_\_]

I am attending as \_\_\_an individual, \_\_\_a team, \_\_\_a group. Amount payable with registration \$ \_\_\_\_\_

Names of others in your group/team: \_\_\_\_\_

I would like a Certificate of Attendance \_\_\_yes \_\_\_no.

Please make check out to Making Sense of Autism

**Send the completed reservation to:**

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