



AUTISM  
SPECIFIC  
TRAINING



**VENUE: Hands on Autism 1: Northern Cape; Jannie Brink Special Needs School; Kimberley**

**Hands on Autism 2: Northern Cape; Jannie Brink Special Needs School; Kimberley**

- HANDS ON AUTISM is a collaborative effort between Autism South Africa and the Johannesburg School for Autism to provide affordable, practical and experiential ASD specific training to teachers, therapists and classroom assistants.
- HANDS ON AUTISM was created by Claire Allen, Tam Bennett, and Reinette Lombard, who collectively have more than 20 years HANDS-ON experience in the field of Autism.
- HANDS ON AUTISM is based on a combination of ASD approaches that are internationally accepted as best practice for ASD intervention.
- HANDS ON AUTISM consists of a combination of theoretical sessions and practical application within a classroom at an Autism Specific School or Unit
- Maximum of 16 people per group of participants.
- **20 CEU points awarded for therapists**
- **15 CPD points for social workers**

## HANDS ON AUTISM Module 2: 15 – 17 August 2018

3-Day onsite training of approximately 7 hours per day

### Topics covered:-

5. Communication and AAC
6. Sharing Makaton
7. Sensory Experiences
8. Positive Behaviour Support
9. Multi-level Teaching
10. Learning Styles



- Participants will receive a hand-out for each topic and all resource materials will be supplied for the practical sessions.
- Participants will be assigned a specific child that they will work with during the practical sessions.
- Participants will receive a CD with Visual-over-verbal tasks and will have the opportunity to create practical learning materials to be taken away.
- Participants will receive a Makaton: Stage 1 Vocabulary pocket book and will have an opportunity to create a picture communication system.

autism south africa

**Hands On 2: Kimberley; Northern Cape; Jannie Brink Special Needs  
School  
15 – 17 August 2018  
R1980.00**

Complete attached registration form and email to  
[admin@autismsouthafrica.org](mailto:admin@autismsouthafrica.org) or fax to 0114843171

**Registration Form**

Name:	
Surname:	
Profession:	
Registration number:	
Telephone number:	
E-mail address:	

Please reference your payment with **your name and HOA 2 NC** e.g.

“Sandy Klopper HOA 2 NC”

Send Registration Form, together with your proof of payment to

[admin@autismsouthafrica.org](mailto:admin@autismsouthafrica.org)

Banking Details: Autism South Africa

Standard Bank

Sandton, branch code: 019205

Cheque Account Number: 220731233

