






AUTISM SPECIFIC TRAINING

**VENUE: Hands on Autism 3 and 4: Autism Sinethemba School;
East London**

Date: 09 – 13 July 2018

 HANDS ON AUTISM: Moving Forward Module 3/4 is a collaborative effort between Autism South Africa and The Autism Project to provide affordable, practical and experiential ASD specific training to teachers, therapists and classroom assistants.

 HANDS ON AUTISM: Moving Forward is based on a combination of ASD approaches that are internationally accepted as best practice for ASD intervention.

 HANDS ON AUTISM: Moving Forward consists of a combination of theoretical sessions and practical application.

- **35 CPD Points awarded for Health Professionals (HPCSA) All Disciplines**
- **15 CPD Points for Social Workers (SACSSP)**
- **10 CPD Points for Educators (SACE)**

R 3850.00 per person

HANDS ON AUTISM 3 & 4 Intense

5-Day onsite training of approximately 7 hours per day

Topics covered:-

Day 1

1. Revision of Module 1 and 2
2. Updated ASD Information
3. Effective use of the IEDP with practical



Day 2:

1. Task Analysis
2. Prompt Hierarchy with practical
3. The Role of the Teacher Assistant
4. The Art of Planning with practical

Day 3:

1. Toilet Training
2. Social Skills and Social Stories with Practical




Day 4:

1. Revision of Positive Behaviour Support
2. Behaviour Management Tools
3. Practical for Behaviour

Day 5:

1. Working with Parents
2. The Legal context in South Africa
3. Presentation by an Autistic Adult (TBC)

Details of Hands on Autism: Moving Forward Module 3 & 4 Training

-  Participants will receive a hand-out for each topic and all resource materials will be supplied for the practical sessions
-  Participants will have the opportunity to create practical learning materials to be taken away in a variety of learning areas
-  Participants will receive a standard IEDP as well as practical planning templates

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Hands On 3 & 4: Autism Sinethemba; East London

R3850.00

Complete attached registration form and email to 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 3&4 KZN**

e.g. "Sandy Klopper HOA 3&4 KZN"

Send Registration Form, together with your proof of payment to

admin@autismsouthafrica.org

Banking Details: Autism South Africa

Standard Bank

Sandton, branch code: 019205

Cheque Account Number: 220731233