



Chicago SticKids Workshop

To be held

Oct.7th, 2009 Wednesday 1:00pm registration; workshop 1:30pm-4:30

Westin Chicago North Shore

601 North Milwaukee Ave 847-777-6553

Meryle Lehn BOT (c) OTR sipt certified

Canadian Developer of **SticKids** software presents

An interactive workshop on **SticKids** – software and activity kit that supplies user friendly home, school and clinical strategies to support sensory processing and motor challenged children. **SticKids** easily creates sensory diets (guides) and functional event visuals, tracking sheets, planners and games with over 125 activity pictures to select from. This **SticKids** workshop is geared for therapists, parents, teachers, caregivers, and other allied health professionals. The workshop fee can be with or without product. Come and learn more sensory regulation strategies and effective delivery!

LEARNING OBJECTIVES:

- Guiding principles & philosophy of **SticKids**
- Clarification of sensory processing, sensory integration, & cognitive motor learning frameworks as applied within **SticKids**
- “Walk through” the software - including customization features
- Practical application tips and uses of the various planners, trackers, activity cards & games
- Use visuals from an OT perspective
- Fun Demos of therapeutic sensory regulation strategies in **SticKids**
- Learn the tricks to the Critter Meter and the Just Right Kid
- Case studies and questions



SticKids Workshop - Registration Form

Name: _____

Organization: _____

Address: _____

City: _____ State _____

Zip code : _____

Ph: W/ H _____ cell: _____

Email: _____

Print carefully

Receipt & 3 contact hours certificate will be provided at workshop

signature

Option 1: **Workshop +SticKids Therapist (Deluxe) Version \$180**

(\$95 workshop fee plus Therapist product at discounted \$85)

attending _____ @ \$180/person = _____

Option 2: **Workshop ONLY \$95**

attending _____ @ \$95/person = _____

Additional Discounted Product:

Therapist (Deluxe) Version with customization _____ @ \$85 = _____

Total: _____

Method of Payment: (Please check one)

Check (payable to Community Therapy Associates- do not mail - bring to event)

PO's _____ (fax PO with registration)

Visa MasterCard AMEX

Card #: _____ Date: _____ / _____ month/ yr

To Register :

Fx form or Ph to (403) 932-6517; or register on line www.stickids.com

Also inquiries to meryle@stickids.com Cell on site 403-650-0203

no cancelations will be accepted, substitutes allowed

SticKids Community Therapy Box 6,Site 5, RR1 Cochrane, AB Canada T4C 1A1