

## Registration

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Speech, Language, and Educational Associates

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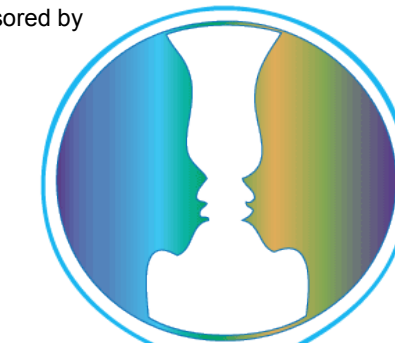


We are mindful of limitations and special needs. Please advise us of any special needs we should be aware of in order to accommodate you.

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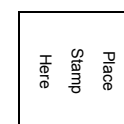
## What's New in Testing: An Update ACAM1120

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Presented By:  
**Helen Sherman-Wade**  
**MA, CCC-SLP**  
**Executive Director**

Tuesday  
November 20, 2018  
1:30 p.m.—4:30 p.m.

Location:  
Helen's House  
4420 Carpenter Avenue  
Studio City, CA 91607





Presented By:

**Helen Sherman-Wade, MA, CCC-SLP**  
**Executive Director– SLEA**

## About the Presenter

Helen Sherman-Wade is the Executive Director of Speech, Language and Educational Associates, which she founded in 1983. Helen has her Master's Degree in both Speech Pathology and in Special Education, and combines her skills to assess and provide treatment to children and adults with language based learning disabilities. She is multilingual and speaks Hebrew, Spanish, Arabic, German, Yiddish, as well as English. She has extensive college teaching experience in Special Education and in Speech Pathology. She has consulted at the State and National level on bilingual issues as they impact non-discriminatory assessment practices, language acquisition, and communication disorders. She can be reached through her website: [www.speechassociates.com](http://www.speechassociates.com).

## Location / Time

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 4420 Carpenter Avenue  
 Studio City, CA 91607

November 20, 2018  
 1:30 p.m.—4:30 p.m.

## Course Description

Assessment tools and practices are constantly being developed and updated. This presentation at the intermediate/professional level promoted participants' knowledge of updated guidelines and changes in assessment tools and the process for identifying communication disorders. Diagnostic procedures, guidelines, and report writing were discussed and participants were able to troubleshoot common challenges that arise during testing.

Verification of completion will be given at the time of receipt of the Learner Self-Assessment and Sign out.

Helen Sherman-Wade has the following financial relationship to disclose; she is the Executive Director of Speech, Language and Educational Associates and receives a salary. Nonfinancial—she has no relevant nonfinancial relationships to disclose.

The presentation material has no relevant financial or non-financial relationship to disclose.

No provision for partial credit.

APPROVED PROVIDER  
  
AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

**Speech Language and Educational Associates** is approved by the Continuing Education Board of the American Speech-Language-Hearing Association (ASHA) to provide continuing education activities in speech-language pathology and audiology. **See course information for number of ASHA CEUs, instructional level and content area.** ASHA CE Provider approval does not imply endorsement of course content, specific products or clinical procedures.

This program is offered for 0.3 ASHA CEUs, (Intermediate level, Professional area).

## Course Schedule

1:00-1:30 Registration and light lunch

1:30-2:30 What is an appropriate, non-discriminatory assessment?  
 Guidelines for identification of speech/language delays.

2:30-3:30 Choosing appropriate test instruments. Review of major new testing instruments.

3:30-4:30 Report Writing and recommendation for services.

4:30 Self assessment and sign-out

## Learner Outcomes

At the conclusion of this course, participants will be able to:

- Describe Federal and State Guidelines for identification of speech and language delays.
- Choose appropriate test instruments for differing age groups and presented problem areas.
- Make recommendations appropriate for referring agency.
- Set appropriate goals for intervention-based rest results.
- Relate test scores to an appropriate diagnosis and report test results to families, physicians and referring agencies.

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	Before 11/13/18	After 11/13/18
Employees/Associates	\$30.00	\$40.00
Non-Employees	\$60.00	\$70.00
Students	\$40.00	\$50.00

### Registration Form Please Print Clearly

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Title: \_\_\_\_\_

License: \_\_\_\_\_

E-mail: \_\_\_\_\_

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Credit Card #: \_\_\_\_\_

Expiration: \_\_\_\_\_ CVC: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_