



2-day “Beckman Oral Motor Assessment & Intervention” (CA-16A-01)

Participants will:

- actively participate in hands-on practice for compensatory handling techniques for tonic bite, tonic bite on a utensil, slow oral transit, tongue thrust, cough, gag & vomit
- complete an oral motor protocol, analyze the results, and discuss data tracking
- complete hands-on practice for specific oral motor interventions to address the deficit areas discovered during baseline assessment

Core Course Contents:

- assessment battery for oro-facial movement patterns using the Beckman protocol
- compensatory handling techniques
- oral motor interventions and treatment techniques

1-day “Beckman Oro-facial Deep Tissue Release” (CA-16A-02) (participants should have completed the “Beckman Oral Motor Assessment & Intervention”)

Participants will:

- practice specific deep tissue release for the upper and lower lips, upper and lower cheeks, midface, jaw, and tongue. These interventions focus on increased range of movement for these structures
- have the opportunity to review techniques acquired from the 2-day workshop
- be invited to bring videotaped case studies for discussion and problem solving

Core Course Contents:

- intervention options for mobility of the lips, cheeks, midface, jaw, and tongue
- problem solve issues regarding client specific oral motor and mealtime concerns
- oral motor assessment & intervention techniques as determined by the participants

Instructor

Ms. Debra Beckman has worked in the field of communicative disorders since 1975, specializing in motor speech disorders. She has worked in a variety of settings, including schools, hospitals, universities, home-bound and nursing homes. She has served as a court appointed witness regarding services for the developmentally disabled. Ms. Beckman has published articles in professional books, journals, monographs; and in Exceptional Parent magazine. She has been awarded a US patent for a therapeutic oral probe.



Target Participants: speech therapists, occupational therapists

Course Code	Date & Time	Registration Fee		
		Early Bird	Standard	Early Bird
CA-16A-01	1-2 April 2016(Fri-Sat) 9:15am - 6:30pm	HK\$7,000	HK\$7,700	HK\$9,900 (combo)
CA-16A-02	4 April 2016 (Mon) 9:15am - 6:30pm	HK\$3,800	HK\$4,300	HK\$11,000 (combo)

Venue: Rm 1002-1003, HK Federation of Youth Groups Building, 21 Pak Fu Road, North Point, HK

Accreditations: CA-16A-01: CPD-OT 12 points; CA-16A-02: CPD-OT 6 points

For enquiries: Tel: 2778 6191; e-mail: irp@sahk1963.org.hk

(Early bird: 29 Feb 2016)

Course Enrolment Form

PERSONAL INFORMATION

Name: Mr/Ms* _____

Occupation: _____ Organization: _____

Contact number: _____ (mobile) _____ (office)

Correspondence Address: _____

Email Address (1): _____ Email Address (2): _____

COURSE TO ENROL IN

Course Code	Course Title	Registration Fee		
		Early Bird	Standard	Early Bird
CA-16A-01	<input type="checkbox"/> 2-day "Beckman Oral Motor Assessment & Intervention"	<input type="checkbox"/> Early Bird: HK\$7,000	<input type="checkbox"/> Standard HK\$7,700	<input type="checkbox"/> Early Bird HK\$9,900 (combo)
CA-16A-02	<input type="checkbox"/> 1-day "Beckman Oro-facial Deep Tissue Release" <i>(application should provide a certificate copy of the 2 day workshop)</i>	<input type="checkbox"/> Early Bird HK\$3,800	<input type="checkbox"/> Standard HK\$4,300	<input type="checkbox"/> Standard: HK\$11,000 (combo)

PAYMENT

Payment should be in HK or US dollars and made payable to "SAHK".

Bank name: _____

Cheque /money order/ bank draft* number: _____

*Delete as appropriate

I, the applicant, understand that the information provided on this form will be used by the SAHK Institute for course enrolment and administration purposes, and: (please '✓')

- I agree to the Institute keeping my personal data and wish to receive other course information from the Institute.
- I agree to the Institute keeping my personal data but do not wish to receive other course information from the Institute.
- I request to delete my personal data after completion of the course (Please note that the Institute cannot process your application for re-issuing of certificate, receipt, checking of CE points etc. after deletion).

Applicant's Signature: _____ **Date:** _____

Application Method:

To register, complete and return this form together with cheque, money order or bank draft to:

*SAHK Institute of Rehabilitation Practice
17/F, 21 Pak Fuk Road, North Point, Hong Kong SAR*

Please mark "Course Application" on the envelope and put down the "applicant's name" and "course name" on the back of the cheque, money order or bank draft.

Note:

1. Each enrolment form may only be used to apply for one course. Application to different courses must submit separate application with separate cheques, money orders or bank drafts.
2. Please fill out the required information in block letters and check the accuracy before mailing.
3. Course fees are non-refundable and non-transferable.
4. Refund will only be arranged upon course cancellation by the organizer.
5. Receipt acknowledgements and application results will be sent by e-mail.
6. For any enquiries, please contact us at (852) 2778 6191 or e-mail us at: irp@sahk1963.org.hk