

## LOCATION & TIME

<b>Registration:</b> (coffee and muffin will be served)	<b>1:00 p.m.</b>
<b>Opening and Welcoming Commences</b>	<b>2:00 p.m.</b>
<b>Workshop</b>	<b>2:10 p.m.</b>
<b>Adjourn</b>	<b>4:30 p.m.</b>

The Workshop will be held at the:  
**Coast Plaza Hotel and Suites at Stanley Park**  
1763 Comox Street  
Vancouver, BC Canada V6G 1P6  
Telephone: 604-688-7711 Fax: 604-688-5934  
Toll free in North America: 1-800-663-1144

## TUITION FEE

<b>Early Bird Rate, before January 31<sup>st</sup>, 2005</b>	<b>\$125</b>
<b>Rate after January 31<sup>st</sup>, 2005</b>	<b>\$150</b>
<b>Group Rate</b>	<b>\$105</b>

3 or more registrants from the same organization

The registration fee includes a welcome reception and refreshments. We encourage you to register as early as possible in order to reserve a space!

### Refund and Cancellation Policy

Refunds will be made (less a \$50.00 processing fee) if written notice of withdrawal is received by February 13<sup>th</sup>, 2005. No refunds will be granted for withdrawal after that date.

Interprofessional Continuing Education reserves the right to cancel or move this program if registration is insufficient. In the event of cancellation, a refund less a \$50 handling charge will be returned.

## PROFESSIONAL CREDITS

### Psychologists:

This workshop has been approved for 2.5 CE credits by the CPA (Canadian Psychological Association) .

### Other Disciplines:

You will be given a certificate stating that you completed 2.5 hours of educational instruction.

## PARKING

Conference Hotel - \$2.00 per hour up to \$8.00 per day.  
West End Community Centre, 870 Denman (entrance off Haro)\$4.50 - \$5.00 per day (\$1 coins accepted)

## To Register

### Online

Secure, fast, online registration is available for Visa and Mastercard holders at the conference organizer's website:

[www.interprofessional.ubc.ca](http://www.interprofessional.ubc.ca)

### By Fax

Fax completed registration form to: **604-822-4835**

### Charge-by-phone (please have Mastercard or Visa ready)

Toll free within North America: **1-877-328-7744**

Other callers: **604-822-6156**

**Mail registration form** with cheque or bank draft. Please make cheque payable to **The University of British Columbia** and mail it to :

**IN 9548 REGISTRATION**

**Interprofessional Continuing Education**

The University of British Columbia,  
Room 105-2194 Health Sciences Mall  
Vancouver, BC, V6T 1Z3

## Sponsors



Interprofessional Continuing Education



British Columbia Association For Mental  
Health in Developmental Disability



INTERPROFESSIONALCONTINUING EDUCATION  
The University of British Columbia

# PRESCHOOL CHILDREN WITH DEVELOPMENTAL DISABILITIES:

## Improving Peer-related Social Competence

**Half-day Session with  
Dr. Michael J. Guralnick  
Thursday March 17, 2005**

The Coast Plaza Hotel and Suites at  
Stanley Park  
1763 Comox Street  
Vancouver, BC  
Canada



**Interprofessional Continuing Education**

105-2194 Health Sciences Mall • Vancouver, BC V6T 1Z3

Telephone (604) 822-0054 • Fax (604) 822-4835

Email: [ipconf@interchange.ubc.ca](mailto:ipconf@interchange.ubc.ca)

Website: [www.interprofessional.ubc.ca](http://www.interprofessional.ubc.ca)

# Preschool Children with Developmental Disabilities: Improving Peer-related Social Competence

## Workshop Description:

The workshop will contain a discussion of the nature, meaning, and developmental significance of peer-related social competence for young children. This will be followed by a discussion of the unusual problems experienced by young children with developmental disabilities, particularly those with mild intellectual delays. The possible causes of this unusual problem will be considered and a variety of techniques and strategies to improve children's peer-related social competence will be presented.

Specific intervention topics discussed will be the importance of inclusion as well as a specially designed child- and family-oriented intervention program. A clinical tool, the Assessment of Peer Relations, will help organize the intervention strategies.

## Learning Objectives:

Attendees will:

1. further appreciate the importance of peer-related social competence in children's lives and better understand the nature and characteristics of the problems experienced by young children with developmental disabilities;
2. become familiar with a tool to assess critical dimensions of children's peer-related social competence; and
3. become knowledgeable about intervention approaches to promote the peer-related social competence of preschool-age children with mild developmental disabilities.



### Dr. Michael J. Guralnick

Director of the Center on Human Development and Disability (CHDD) and Professor of Psychology and Pediatrics at the University of Washington will present a 2.5 hour workshop. CHDD is one of the largest interdisciplinary research and training centers in the United States and operates to provide clinical services to individuals and their families, to provide interdisciplinary clinical and research training, and to provide technical assistance and outreach training to practitioners and community agencies. Dr. Guralnick has directed numerous research, training, and development projects in the fields of early childhood development and intervention, with a special interest in

the effectiveness of early intervention programs, peer-related social competence, and inclusion. He is well known in this field and has published well over 100 articles and book chapters.

## Audience

This workshop should be of value to a multi-disciplinary audience in early intervention at all levels and disciplines who are interested in improving the peer-related social competence of young children with disabilities including families and caregivers. This workshop will bring together direct services, multi-disciplinary teams, families, primary care physicians, psychiatrists, nurses, psychologists, ministry/authority/mental health administrators, infant development consultants and early childhood educators.

## REGISTRATION - IN 9548

- Early Bird Rate, before January 31<sup>st</sup>, 2005**      **\$125**
- Rate after January 31<sup>st</sup>, 2005**      **\$150**
- Group Rate**      **\$105**  
3 or more registrants from the same organization  
The tuition fee includes GST.

## METHOD OF PAYMENT



Credit Card Number \_\_\_\_\_ Expiry \_\_\_\_\_  
Name of Cardholder \_\_\_\_\_

**To register by phone:** 604-822-6156      **To register by fax:** Send completed registration form to:  
Local Calls: 1-877-328-7744      604-822-4835  
Long Distance: (Toll Free)

**Payment by Cheque:** Please make cheque payable to **The University of British Columbia** and forward to the following address: **Registration, Interprofessional Continuing Education**, The University of British Columbia, #105 - 2194 Health Sciences Mall, Vancouver, B.C. V6T 1Z3.

## AFFILIATION / PROFESSION

- (please select only one)
- |   |  |
|---|--|
| <input type="checkbox"/> Administrator/Manager  | <input type="checkbox"/> Community Health Worker       |
| <input type="checkbox"/> Counsellor             | <input type="checkbox"/> Teacher                       |
| <input type="checkbox"/> Family Member          | <input type="checkbox"/> Behavioural Therapist         |
| <input type="checkbox"/> Physician/Pediatrician | <input type="checkbox"/> Infant Development Consultant |
| <input type="checkbox"/> Psychiatrist           | <input type="checkbox"/> Psychologist                  |
| <input type="checkbox"/> Researcher             | <input type="checkbox"/> Early Childhood Educator      |
| <input type="checkbox"/> Family Support Worker  | <input type="checkbox"/> Social Worker                 |
| <input type="checkbox"/> Nurse                  | <input type="checkbox"/> Physio/Occupational Therapist |
| <input type="checkbox"/> Other                  |  |

**PLEASE WRITE IN BLOCK LETTERS**

Dr.  \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initials \_\_\_\_\_  
Organization \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Daytime Telephone Number \_\_\_\_\_  
Fax No. \_\_\_\_\_ E-mail Address \_\_\_\_\_