



Cued Speech Workshops

Dates: Second Saturday of every month on the following dates unless otherwise noted:

August 16, 2008 (3 rd Saturday)	January 10, 2009
September 13, 2008	February 7, 2009 (1 st Saturday)
October 18, 2008 (3 rd Saturday)	March 14, 2009
November 8, 2008	April 11, 2009

Where: Alexander Graham Bell Montessori School located in the same building as AEHI at the address listed above.

Time: Beginning Workshop - **9:00 AM to 3:30 PM**
Intermediate Workshop - **9:00 AM to 12:30 PM**

Purpose: To provide instruction in Cued Speech at beginning and intermediate levels for parents, families, professionals, and persons interested in becoming Cued Speech transliterators (interpreters).

- The Beginning Workshop: Participants will learn the sounds represented by the 8 consonant handshapes and 4 vowel placements and how to combine the handshapes with the placements to represent the sounds of a language. They will also learn the basic rules of Cued Speech and tips on how to practice.
- The Intermediate Workshop: The focus is on developing the participants' cueing fluency and accuracy. Practice will also include synchronizing cues, including consonant clusters, with the spoken voice and targeting the participants' specific areas of need.

Mastery of basic cueing requires 10 to 20 hours of instruction with additional practice hours.

Attending both beginning and intermediate workshops is highly recommended.

Cost: The registration fee for each workshop is \$75.00 per person which includes the cost of materials. Workbooks, research materials, and general information on Cued Speech are provided. **Registration form and payment must be received 14 days prior to the scheduled workshops. Fees are non-refundable.**

A light snack is provided during all workshops. During the beginner's workshop, there is a one hour lunch break (lunch is NOT provided).



Registration Form

AEHI'S Cued Speech Workshops

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Name: _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____ Work Phone: _____

Reason for your interest. Please be as specific as possible: _____

Please schedule me for my workshop on: _____ (Enter date)

Level of Instruction: (Space is limited to 20 participants per workshop).

_____ Beginning _____ Intermediate

_____ I am interested in Cued Speech transliterating (interpreting) in a school setting.

The registration fee is \$75.00 per person per workshop.

PLEASE RETURN THIS FORM AND YOUR PAYMENT TO:

AEHI - Workshop Registration
 9300 Capitol Drive, Wheeling, IL 60090
 Tele: 847-850-5490 Fax: 847-850-5493
 Email: debbie.blackburn@agbms.org

**Registration and payment must be received 14 days prior to the scheduled workshop.
Fees are non-refundable.**

Do not write below this line. For office use only.

Registration rec'd _____ Check # _____ Amount _____
(Mail this page to AEHI at above address)