



SAACAPAP - The South African Association for
Child and Adolescent Psychiatry and Allied Professions

Gauteng Branch

Tel. (011) 481-5103

Fax: (011) 481-5153

Lynda.albertyn@wits.ac.za

Early Detection and Management of Autistic Spectrum Disorders

Saturday 6th March 2010

9am - 1pm

**Charlotte Maxeke Johannesburg Academic Hospital Auditorium
Faculty of Health Sciences, 7 York Road, Parktown, Johannesburg**

Programme/Speakers:

- 9am - 9-45am: Early Detection of Subtle Autistic Traits in Young Children
Dr J.C. Lombard (Educational Psychologist, Deputy Principal Unica School for Autistic Children)
- 9-45am – 10-30am: Autistic Features in Infants and Differential Diagnoses
Dr. L.A. Albertyn (Child Psychiatrist, Head-Child and Family Unit, CMJA Hospital)
- 10-30 - 11am: Tea
-
- 11 - 12-00am: Early Identification and Intervention for Children with ASD from a Sensory Integration Perspective – Documentary; Autistic Like – Graham's Story
Ms. K Wallace (Occupational Therapist, Director of Polkaspot, Multidisciplinary Early Intervention Centre)
- 12-00 – 12-30pm: Assisting Children with Asperger's Syndrome to Negotiate Their World
Ms. A. Janks (Educational Psychologist, Private Practice –Groups for ASD children and adolescents)
- 12-30 – 1pm: Panel Discussion

4 CPD Points

Costs: R300 per delegate – please complete registration form attached

Please request a map to be faxed to you if necessary (Telephone (011) 463 4064)



SAACAPAP - The South African Association for
Child and Adolescent Psychiatry and Allied Professions
Gauteng Branch
Tel. (011) 481-5103
Fax: (011) 481-5153
Lynda.albertyn@wits.ac.za

Early Detection and Management of Autistic Spectrum Disorders **REGISTRATION FORM**

Saturday 6th March 2010

9am - 1pm

Cost per delegate: R300.00

Surname:	Title: Prof Dr Mr Mrs Ms
First name:	(for name badges)
Profession:	
Practice number:	
Organization :	
Tel Number:	() Fax: ()
Cellphone:	
Email:	

Payment

Please make payment to : ACAPAP Journal

Account Number: 075572230

Bank: Standard Bank, Rondebosch Branch

For beneficiary reference use 'AR' and your surname

**Please send completed application forms and proof of payment BY
FAX TO RSVP EVENTS MANAGEMENT (011) 463 1041**