

# **SPELD SA Inc**

## **Sounds~Write Seminar**

**Sounds~Write is an evidence-based phonics program utilising an exciting and highly successful approach to the teaching of reading, spelling and writing.**

This four day intensive course offers an instructional method that is structured, cumulative, sequential and explicit; all of which are strongly recommended for teaching children to read and spell. It places emphasis on providing practice that is grounded in physical, concrete experience of the skills and conceptual understanding that students need to assimilate. Sounds-Write is developmentally appropriate for beginning readers in foundation, Year 1 and Year 2, and also offers fast and highly effective intervention for children at all year levels who have fallen behind in their reading and spelling from Year 3 onwards.

***Presenter: Kim Bloor***

**Cost:** \$800 non-member  
\$735 member, f/time students  
\$600 SPELD SA Tutor

**Seminar: Date:** 16<sup>th</sup> -19<sup>th</sup> April 2018 Ref: 160418

**Time:** 9am – 3:30pm Registration from 8.30am

**Venue:** Immanuel College

**Book early: Only 25 places**

*SPELD SA – advancing the education and general welfare of children and adults who are disadvantaged by specific learning difficulties, such as dyslexia.*

# Sounds~Write Seminar



298 Portrush Road KENSINGTON SA 5068

Postal Address: PO Box 83, GLENSIDE SA 5065

Telephone (08) 8431 1655 Fax (08) 8364 5751 Email: admin@speld-sa.org.au

ABN 60 702 557 952

This form acts as a TAX INVOICE upon payment, a receipt will be forwarded.

**Workshop fees include GST and cancellations will incur a 20% administration fee.**

**Please print this order form, complete it and send it with your cheque, money order or credit card details – Cheques to be made payable to SPELD (SA) Inc**

NAME: \_\_\_\_\_ SPELD TUTOR / MEMBER / NON-MEMBER (please circle)  
First Name Family Name

ADDRESS: \_\_\_\_\_

POST CODE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ (Mob) \_\_\_\_\_ (Work)

EMAIL ADDRESS: \_\_\_\_\_

**ANY DIETARY REQUIREMENTS** \_\_\_\_\_

SCHOOL \_\_\_\_\_

LEVEL: JPRIM / PRIM / SEC / TERTIARY (please circle) PARENT / TEACHER / LIBRARIAN/ OTHER (please circle)

**Seminar Ref.#** \_\_\_\_\_ \$ \_\_\_\_\_

CREDIT CARD OPTION VISA  MASTERCARD  EXPIRY DATE \_\_\_\_/\_\_\_\_ CVC \_\_\_\_\_

NAME ON CREDIT CARD \_\_\_\_\_

SIGNATURE \_\_\_\_\_

CARD 

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