



Early Intervention in Natural Environments: Putting Theory into Practice

CALL FOR POSTERS – SUBMISSION FORM

TITLE: _____

Presenter(s) and Credentials:

1. _____
2. _____
3. _____

Primary Contact: _____

Mailing address: _____ **Postal Code:** _____

Daytime phone number: _____ **email address:** _____

Keeping in mind our theme of **Early Intervention in Natural Environments: Putting Theory into Practice**, please indicate which topic(s) your poster presentation will address:

- | | |
|---|--|
| <input type="checkbox"/> accessibility | <input type="checkbox"/> innovative practices |
| <input type="checkbox"/> advocacy | <input type="checkbox"/> intake and admissions |
| <input type="checkbox"/> best practice | <input type="checkbox"/> interagency/interdisciplinary collaboration |
| <input type="checkbox"/> capacity building | <input type="checkbox"/> mindfulness |
| <input type="checkbox"/> communicating with families via text/email | <input type="checkbox"/> parent-child relationships |
| <input type="checkbox"/> cross-cultural caring and competency | <input type="checkbox"/> planning for the future |
| <input type="checkbox"/> culturally sensitive practices | <input type="checkbox"/> promoting parent-to-parent connections |
| <input type="checkbox"/> diversity and disability/diagnosis | <input type="checkbox"/> research/evaluation |
| <input type="checkbox"/> diversity and early intervention | <input type="checkbox"/> resiliency |
| <input type="checkbox"/> diversity and groups | <input type="checkbox"/> routines-based interviews/interventions |
| <input type="checkbox"/> evidence-based practice | <input type="checkbox"/> seamless transitions |
| <input type="checkbox"/> family-centred practices | <input type="checkbox"/> service coordination |
| <input type="checkbox"/> family relationships/father involvement | <input type="checkbox"/> screening and assessment |
| <input type="checkbox"/> First Nations/Metis perspectives | <input type="checkbox"/> social connectivity/social media |
| <input type="checkbox"/> functional outcomes | <input type="checkbox"/> trauma/mental health |
| <input type="checkbox"/> inclusivity | <input type="checkbox"/> wait list management |
| <input type="checkbox"/> individualized family service plans | <input type="checkbox"/> working with interpreters |
| <input type="checkbox"/> infant mental health | <input type="checkbox"/> other (specify): _____ |



Posters will be available for viewing throughout the conference with the option of 1, 2 or 3 days. It is expected that poster presenters will be available during lunch and breaks.

ABSTRACT summarizing poster content (*maximum 250-300 words*)

Presenter(s) Biography:

Include name, title and organization affiliation. Please do not exceed 60 words.

1)

2)

3)

Will you be providing handouts? Yes _____ No _____

Submit all forms via email to eboychyn@oaicd.ca

Deadline for submissions: **June 9, 2017**

For assistance, contact **Ellen Boychyn, Registrar, Learning Institute**, tel. 905-655-4437

Note: Honoraria, accommodation, travel or other expenses are **not** covered for poster presenters. Poster presenters are required to register for the institute as per the registration options and one presenter per poster will receive a modest discount on their registration fee.