**Abstract Title** (max 200 characters):

**Abstract Type**: Session Proposal  
  
**Speaker(s)**

Name & Credentials:

Organization:

Email:

Phone:

Bio (no more than 100 words):

**Conflict of interest disclosure statement:** Please disclose whether or not you have any financial interest in the information you plan to present.   
  
**Practice Area**: (Neonatology; Early Intervention; School-based; Hospital-based; Adolescents & Adults with Developmental Disabilities; Pediatric Sports/Fitness; Academic and Clinical Education; Cardiovascular Pulmonary; Residency and Fellowship; Student and New Professional; General)  
1st choice:   
2nd choice:

**Session Type** (select one option):

**Concurrent session**

*Virtual On-Demand* - time length can vary between 30 to 90 minutes long.

*Face to Face* - 1.5 hours

**Plenary**

*Virtual Livestream* - 1.5 hours

*Face to Face* - 1.5 hours

**Training Workshop**

*Virtual Options:*

- 1.0 hour On-Demand preparative content + 1.5 hour Live group video conferencing

- 2.5 hour Live group video conferencing

*Face to Face* - 2.5 hours

**Half-Day Preconference course**

*Virtual* - Flexibility with length of On-Demand preparative content and Live group video conferencing

*Face to Face* - 4 hours

**1-Day Preconference course**

*Virtual* - Flexibility with length of On-Demand preparative content and Live group video conferencing

*Face to Face* - 7.5 hours

**2-Day Preconference course**

*Virtual* - Flexibility with length of On-Demand preparative content and Live group video conferencing

*Face to Face* - 15 hours

**Learning Objectives** (list 4) – At the conclusion of this session participants will be able to:

1.

2.

3.

4.

**Course Format**: Describe the format of your session. Include the following elements in your description: instructional strategies and knowledge translation methods and evaluation.  
(not to exceed 100 words)

**Description**: this is what will be printed in the conference materials (not to exceed 250 words):  
  
  
**Proposed Schedule for Presentation**: List the amount of time you will spend on different areas of your presentation. The reviewers should be able to visualize what you plan to do during your session.   
  
**Unique Considerations** (ex: space, room layout, lab with patients or children involved, equipment or materials needed):

**References**: (list in AMA style – must have at least 10 references that are peer-reviewed with 50% published within the last 5 years)

**Resources**: (if applicable – describe pre-reading materials, forms to be used, recommended follow-up activities)  
  
**Previously Presented**: (list where & when you have previously presented this session if applicable)

**APTA Pediatrics Strategic Plan Goals:** The APTA Pediatrics collects information about the extent to which the Annual Conference session proposal submissions align with [APTA Pediatrics Strategic Plan](https://pediatricapta.org/about-pediatric-physical-therapy/academy-pediatric-physical-therapy.cfm) goals. You are not required to provide a response. Responses to these questions WILL NOT be shared with proposal reviewers and are not part of the scoring rubric.

**Does this session meet APTA Pediatrics Strategic Plan goals?** Yes/no

**If yes, which goals are most applicable?**

Goal 1 – ADVOCATE: Advocate for meaningful participation of all children.

Goal 2 – EDUCATE: Enhance educational pathways to practice in pediatric physical therapy.

Goal 3 – ELEVATE: Elevate pediatric physical therapist practice through the application of evidence.

Goal 4 – LEAD: Be a relevant, innovative, agile, and responsible organization.

I**f you selected yes above, please explain how the proposal aligns with the goal/s indicated.**