

**Incredible Years[®] School Age BASIC
Authorized Parent Group Leader Training
Children's Hospital Los Angeles
March 13-15, 2018 (Wed-Thu-Fri)
from 9 a.m. to 4:30 p.m.**



The Incredible Years[®] parent training intervention is a series of programs focused on strengthening parenting competencies (monitoring, positive discipline, confidence) and fostering parents' involvement in children's school experiences in order to promote children's academic, social and emotional competencies and reduce conduct problems. This training will be for leaders of the BASIC School Age Program (for parents of children ages 6-12 years). Trainer will be

Dean Coffey, PsyD who is a Certified Incredible Years Agency Mentor for Children's Hospital Los Angeles and an Assistant Professor of Clinical Pediatrics in the Keck School of Medicine of USC.

Training Details

Date: Wed-Thu-Fri: March 13-15, 2019.

Participants must attend all three days to receive a certificate of authorized training.

Place: Children's Hospital Los Angeles /USC University Center for Excellence in Developmental Disabilities (CHLA/USC UCEDD), 3250 Wilshire Blvd., Suite 600, Conference Room 623, Los Angeles, CA 90010

Time: 9 a.m. to 4:30 p.m. (Lunch on your own)

Transportation: Conveniently located one block from the Wilshire/Vermont Metro Red/Purple Line Station

Parking: \$12.50/day on site or \$3.00/day metered Metro parking lot at 6th and Vermont. CHLA does not provide parking validation.

Cost: \$595. per participant payable to "Children's Hospital Los Angeles" in advance by check or at start of training. Checks can be mailed to "Attn: Cristal Escamilla" at address highlighted below. No purchase orders please.

Please email completed form to:

Cristal Escamilla | Project Coordinator I – Community Training
Early Childhood Mental Health Programs
USC University Center for Excellence in Developmental Disabilities (UCEDD)
Children's Hospital Los Angeles
4650 Sunset Blvd., Mailstop #53 | Los Angeles, CA 90027

Ph: 323.361.6687 | Fax: 323.361.8342

Ph: 323.361.7741 | Fax: 323.361.8342 | cescamilla@chla.usc.edu

REGISTRATION FORM – please print clearly

Name _____

Home address:

Street _____

City _____ State _____ Zip _____

Work address:

Street _____

City _____ State _____ Zip _____

Phone: Home (____) _____ Work: (____) _____

Email: _____ Fax: _____

Position/Title _____ Agency _____

Highest degree _____

Professional Education (or title) in Organization (Mark all that apply):

- a. Special needs education (special education)
- b. Psychologist
- c. Social work/Social care/Mental Health Counselor
- d. Child educational therapist
- e. Nurse
- f. Teacher
- g. School Psychologist/Counselor
- h. Psychiatrist/Physician
- i. Administration
- j. Health Visitor
- k. Nursery Nurse
- l. Family Support/Family Advocacy Worker/Liaison
- m. Learning Mentor
- n. Educational welfare
- o. Early childhood educator
- p. Parent/Community/Health Educator
- q. Other (specify) _____

Ages of children you will be using IY Programs with: 0-2 yrs _____ 2-3 yrs _____

4-5 yrs _____ 6-8 yrs _____ 9-12 yrs _____