



Integrating Children and Knowledge of Washington
5100 Acacia Avenue Bethesda, MD 20814
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Summer 2012 Clinic at ICAN

ICAN of Washington, Inc. is looking forward to continuing the clinic option this coming Summer. Teaching procedures will utilize the methods of Applied Behavior Analysis with emphasis on B.F. Skinner's analysis of Verbal Behavior. Our sessions will include a combination of individual natural environment teaching, intensive teaching, and independent play pairings and activities. Instruction will be 1 teacher: 1 child ratio. Specific goals will be individualized based on each child's recent VB-MAPP (Sundberg, 2009) and/or the Assessment of Basic Language and Learning Skills-Revised (Sundberg & Partington, 2006). Skills will be monitored through data collection on a daily basis and shared with parents and team members. Your child will be seen on a rotating basis by a dually certified Speech language Pathologist/Board Certified Behavior Analyst, a Speech Language Pathologist, and a Verbal Behavior Jr. Consultant.

When: The Summer Clinic is split up into two, four-week sessions:

- Morning Session: M/T/W/TH from 9:00-12:00
- Afternoon Session: M/T/W/TH from 2:00-5:00

Dates:

Session #1: June 18-21; June 25-28; July 2-5; July 9-12 (conference will be scheduled week of July 16th)

Session #2: July 23-26; July 30-Aug 2; Aug 6-9; Aug 12-16 (conferences will be scheduled week of August 20th)

Cost:

Morning session: 16, 3-hour sessions: \$5040

Afternoon session: 16, 3-hour sessions: \$5040

We welcome the opportunity to train and work with your home instructors over the course of the session. Observations are welcomed and participation is encouraged.

Final consultations will be held at the end of each session. Parents and your child's entire team are required to attend. Discussions will include progress and further recommendations.

Register:

A \$500 deposit and your child's recent ABLLS-R or VB-MAPP is required by April 1, 2012 and will be put towards your tuition. Monthly invoices will be sent at the end of each month throughout the session and will be due on the 10th of each month. *Please note that there will be*

one make-up session allowed for the each session in the case of illness. All other cancellations will not be reimbursed or credited. Please use your discretion in sending in a child who is sick, as we do not want to pass on any illness to the clinicians or other children.

I would like to enroll my child, _____, in the Summer Clinic at ICAN.

Check list for registration:

- Send ICAN of Washington my child's updated VB-MAPP or ABLLS-R assessment (fax: 301.897.0819 or e-mail: icanofwashington@hotmail.com).
- Note: If you are a current client of ICAN, we already have this on file.
- I have indicated my time preference above and have enclosed my \$500 deposit.

Signature of parent: _____ Date: _____

Please return this form, your ABLL-R or VB-MAPP, and deposit by **April 1, 2012** to ICAN of Washington. Enrollment is on a first-come, first-serve basis.

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