



Integrating Children and Knowledge of Washington
 5100 Acacia Avenue Bethesda, MD 20814
 P: 301.897.0815 F: 301.897.0819
 E: icanofwashington@hotmail.com web: www.icanofwashington.com

Summer 2014 Clinic at ICAN

What is ICAN's Summer Clinic?: 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). 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 natural environment teaching, intensive teaching, and independent play pairings and activities.

Who will be working with my child?: Each day, your child will be seen on a rotating basis by a Verbal Behavior instructor with extensive experience implementing programs utilizing Skinner's analysis of Verbal Behavior, and a certified Speech language Pathologist/Board Certified Behavior Analyst (SLP/BCBA).

How will you track my child's progress?: Skills will be monitored through data collection on a daily basis and graphed weekly. Decisions will be based on data collection and shared with parents and team members.

Is this the best fit for my child?: The children who typically benefit from 1:1 instruction are those who fall within the beginner, intermediate, or pre-advanced learners, based on the VB-MAPP assessment. If you have not completed the VB-MAPP assessment or the ABLLS-R on your child, our BCBA/SLPs on staff will be happy to schedule a time to discuss your child's eligibility for the clinic and walk you through the process of doing the assessment. Please note: the ABLLS-R or VB-MAPP is required at least 2 weeks prior to the start of Summer Clinic.

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

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| <p>SESSION #1 MORNING (Monday-Friday) 9:00-12:00 Week #1: June 16-20 Week #2: June 23-27 Week #3: June 30-July 3* (no session on July 4th Holiday) Week #4: July 7-11</p> | <p>SESSION #1 AFTERNOON (Monday-Thursday) 2:00-5:00 Week #1: June 16-19 Week #2: June 23-26 Week #3: June 30-July 3 Week #4: July 7-10</p> |
| <p>SESSION #2 MORNING (Monday-Friday) 9:00-12:00 Week #1: July 14-18 Week #2: July 21-25 Week #3: July 28-Aug 1 Week #4: Aug 4-8</p> | <p>SESSION #2 AFTERNOON (Monday-Thursday) 2:00-5:00 Week #1: July 14-17 Week #2: July 21-24 Week #3: July 28-31 Week #4: Aug 4-7</p> |

Cost:

Morning session: 19, 3-hour sessions (M-F): \$4550 (*no session on July 4th Holiday*)

Afternoon session: 16, 3-hour sessions (M-TH): \$3800

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 during the last week of each session. Parents and your child's entire team are required to attend the final consultation. 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, 2014** and will be put towards your tuition. The remaining balance is due prior to the start of each clinic session. 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.

There are no refunds.

New To VB?: If you are new to Verbal Behavior and/or new to ICAN of Washington, Inc., please note that you and your child will be required to meet with our SLP/BCBA at least three times prior to the start of clinic. These sessions will be at our hourly rate of \$125/hour.



ICAN of Washington, Inc. SUMMER CLINIC 2014

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

I would like (circle choice/choices below)

Session #1: A.M. P.M.

Session #2: A.M. P.M.

Check list for registration by April 1, 2014: (*note: Enrollment is on a first-come first-serve basis*)

- ✓ Send ICAN of Washington my child's updated VB-MAPP or ABLLS-R assessment (fax: 301.897.0819 or e-mail: icanofwashington@hotmail.com).
- ✓ I have indicated my time preference above and have enclosed my \$500 deposit.
- ✓ I have read the above information and agree to the terms and responsibilities associated with enrollment in the Summer Clinic.
- ✓ I agree to pay the balance of the summer clinic before the initial start date of each session.

Signature of parent: _____ Date: _____

Please return this form, your ABLL-R or VB-MAPP, and deposit by **April 1, 2014** to ICAN of Washington. Enrollment is on a first-come, first-serve basis.

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Health Insurance Portability and Accountability Act of 1996, (HIPAA)

I give my permission for ICAN of Washington, Inc. to correspond via electronic mail (e-mail) by sending invoices, progress reports, evaluations, or other correspondence regarding services rendered for my child,

_____. ICAN of Washington, Inc. will use the client's initials in the subject line and content of each e-mail and the e-mails will not be shared with any other party unless requested by the parent in written form.

Parent Signature: _____

Date: _____



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January 1, 2014

Dear Clients:

We are in the process of updating our video clips for our trainings at ICAN of Washington, as well on our website. We hold monthly training sessions focusing on:

- Identifying and Reacting to Problem Behavior
- Teaching Manding to the Beginning, Intermediate and Advanced Learners
- Intensive Teaching at the Table
- Natural Environment Teaching
- Teaching Manding using Sign Language
- Pairing With Reinforcement.
- Data Collection Procedures

The training sessions are open to parents, home instructors and other professionals who are interested in learning more about specific teaching procedures based on the science of ABA with emphasis on B.F. Skinner's analysis of Verbal Behavior.

All information shown on the videos is strictly confidential and this is stressed during each training session. No information about the client, including last name, age, family history will be shared during the training session. The purpose of the videos are to share important teaching techniques such as specific manding teaching procedures and well as teaching procedures at the table. Please sign and return to ICAN with your permission (or decline) to use your child's video clip in our training sessions.

By signing, I give my permission to use my child's video clip during ICAN of Washington Inc.'s training sessions.

WEBSITE PERMISSION:

By signing, I give my permission to post a video clip of my child on ICAN of Washington's Website (www.icanofwashington.com) for the purpose of demonstrating specific teaching procedures related to ABA with emphasis on Verbal Behavior.

By signing, I DO NOT give my permission to use my child's video clip during ICAN of Washington, Inc.'s training sessions or on ICAN of Washington's website.
