

Please use a pseudonym for your client and remove any other identifying information before submitting a case study.

DATE:

ASSOCIATE'S NAME & DISCIPLINE:

NAME OF ORGANIZATION:

CLIENT PSEUDONYM and AGE:

CASE STUDY TITLE:

A specific title will enable us to organize the reports and should concisely describe what happened.

CLINICAL HISTORY BEFORE iLs FOCUS SYSTEM:

Describe in sequence the clinical history, diagnosis or description of problem (i.e., why seeking clinical services), and the client's treatments and progress prior to this.

IMPLEMENTATION OF iLs FOCUS PROGRAM:

Which Focus program did you use? Describe your therapeutic goals in implementing this Focus Program with this client. Was it implemented in the clinic or at home? And were there any other interventions used at the same time as the Focus? What is your plan for a follow-up therapy with this client?

RESPONSE TO iLs FOCUS PROGRAM:

Describe in a narrative using your own words what was unique or even surprising in the client's response to the Focus, especially relative to client's clinical history. If you have access, please describe changes in measures such as auditory processing, classroom performance, social behavior, language, or audiometry (e.g., acoustic reflex) that may have changed or changed trajectory following the program. If possible, describe your own reactions to the changes that you observed (were these changes surprising to you?). Also describe how parents, peers, siblings, and even pets responded to the changes. If the client was an adult, how did the relevant people in their social environment (e.g., family and partners) respond to the changes? Be specific, when possible.



iLS Videotape/Photo Release

Permission Form

Integrated Listening Systems (iLS) is a combined movement and auditory therapy that is implemented primarily by educators and clinicians. In order to provide ongoing professional development for those using iLS, videotaped instruction is regularly provided. We also use videos and photos on our website and in our marketing materials in order to increase access and understanding of our therapies.

By signing this consent form you are approving yourself/your child being videoed or photographed as well as approving the use of the resulting footage for professional development and/or marketing purposes. The video or photo will not be released to news or media agencies without your express permission nor will any identifying information accompany the video or photos.

You are welcome to ask any questions prior to signing this consent or during the videotape/photography session. The iLS website is www.integratedlistening.com. This release does not have an automatic expiration. Please contact iLS to make any changes to this release.

Client Signature: _____

Client Printed Name: _____

Date: _____

Signature, Parent or Guardian: _____
(if under age 18)

Client/Parent contact information: email/phone

_____ :

iLS Therapist Name: _____

Therapist contact information: email/phone:

