



## SHARE YOUR iLS STORY WITH US!

Do you share your child's iLS experience with family and friends? Share it with us, too.

Your story can not only help others better understand iLS products, but also bring hope to a parent whose child may be in the same situation as yours. Since the stories of our families are a unique blend of clinical observations and anecdotes, we call them case stories. Send your case story in an email to [karen@integratedlistening.com](mailto:karen@integratedlistening.com). The points below can be used to guide and enhance your story. The more elements you include - the better!

### Case Story Elements:

1. Observations of your child's condition before and after the intervention
2. Stories of specific situations or behaviors that demonstrate your observations
3. Feedback from your child, family members, teachers or peers
4. Videos and/or photographs, if possible ← **highly recommended!**

### Video/Photo Tips:

1. These are worth a thousand words, especially if they demonstrate "before" and after".
2. Sound and video quality should be as clear as possible.
3. Please include an iLS Multimedia Release Form (see below).

**In addition, please fill out the Case Story Report Form and include it in your email to us.**

**If you have any questions, let us know.**

Your story may be published on our website and used in training materials. In the case of the SSP, some stories will also be selected for a new book of SSP case studies and analyses we are working on with Dr. Porges. For purposes of the book, specific cases will not be attributed to individual parents or caregivers, but you will be acknowledged as a contributor.

# iLs CASE STORY REPORT FORM

*Please use a pseudonym for your child, per HIPAA guidelines, before submitting a case story.*

**DATE:**

**CHILD PSEUDONYM and AGE:**

**CASE STORY TITLE:**

An ideal title will describe specific changes + diagnoses and/or symptoms with which your child has seen improvement.

- My child with ASD spontaneously engages and makes eye contact
- My preterm child with hypersensitivities likes to go to school now
- My child slept through the night
- My child with dyslexia is doing much better in school and is happier
- My child is no longer bothered by noise and crowded places
- My child no longer resists therapy (or school or going to restaurants...)

## **CLINICAL HISTORY BEFORE THE iLs PROGRAM:**

Briefly describe your child's clinical history, diagnosis or description of features (i.e., why you sought iLs' services), and your child's treatments and progress prior to using the SSP.

## **IMPLEMENTATION OF THE iLs PROGRAM:**

Describe your goals in using the program with your child. Was it implemented in a clinic or at home? Did you complete as designed or with variations? And were there other interventions or therapies used at the same time as the iLs program?

## **RESPONSE TO THE iLs PROGRAM:**

Describe what was unique or even surprising in your child's response, especially relative to their clinical history. Describe your own reactions to the changes that you observed; feel free to express yourself here. Also describe how family members, teachers, peers, or even pets responded to the changes. If your child is an adult, how did the people in their social/work environment respond to the changes?



## iLS Multimedia 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, case studies and stories are regularly provided and published. We also use videos and photos on our website and elsewhere to increase access to and understanding of our therapies.

By signing this release form, you approve the use of the your case story and any multimedia 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 form. This release does not have an automatic expiration. Please contact iLS to make any changes to this release by emailing [contact@integratedlistening.com](mailto:contact@integratedlistening.com) or calling 303-741-4544.

Parent/Caregiver Printed Name: \_\_\_\_\_

Parent/Caregiver Signature: \_\_\_\_\_

Parent/Caregiver email & phone:

\_\_\_\_\_

iLS Therapist Name: \_\_\_\_\_

iLS Therapist email & phone:

\_\_\_\_\_

Date: \_\_\_\_\_