

SHARE YOUR STORY WITH US!

Do you share your client's or child's experience with friends and colleagues? Share it with us, too.

Your story can not only help others better understand our neural therapy tools (iom2, Safe and Sound Protocol, Focus System, Dreampad), but also bring hope to someone who may be in the same situation as yours. Stories from our professionals and families are a unique blend of clinical observations and anecdotes.

Your stories can be short and sweet, or long, detailed and descriptive. **Send your stories in an email: mystory@integratedlistening.com**

Please note: Associates can receive up to \$300 in store credit for case study submissions with pre & post video(s), demonstrating progress.

Story Elements:

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

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.

If you have any questions, let us know.

Your story may be published on our website and used in communication and 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.

SHARE YOUR STORY WITH US!

CASE STORY REPORT FORM

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

DATE:

CLIENT/CHILD PSEUDONYM and AGE:

CASE STORY TITLE:

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

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

CLINICAL HISTORY BEFORE THE PROGRAM:

Briefly describe your client/child's clinical history, diagnosis or description of features (i.e., why you sought Unyte and iLs' services), and your client/child's treatments and progress prior to using the relevant products and programs (iom2, Safe and Sound Protocol, Focus System, Dreampad).

IMPLEMENTATION OF THE PROGRAM:

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

RESPONSE TO THE PROGRAM:

Describe what was unique or even surprising in your client or 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, colleagues, or even pets responded to the changes. If your client/child is an adult, how did the people in their social/work environment respond to the changes?

SHARE YOUR STORY WITH US!

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 marketing communications collateral to help increase understanding of our therapies.

By signing this release form, you approve the use of your 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 us to make any changes to this release by emailing mystory@integratedlistening.com.

(1) If you are the Parent / Caregiver sharing your child's story please fill in below:

Parent/Caregiver Printed Name:

Parent/Caregiver Signature:

Parent/Caregiver Email & Phone:

Date:

(1) If you are the iLS Provider sharing your Client's story, please fill in below:

iLS Provider Printed Name:

iLS Provider Signature:

iLS Provider Email & Phone:

Date:

We have many professionals and families that have similar challenges and needs. Building connections and community is helpful in understanding the benefits of our neural solutions. Sharing experiences, approaches and delivery methods can improve outcomes.

Please check the box below to indicate if you are open to be contacted by another professional or family for further insights.

Yes

No