

## SHARE YOUR STORY WITH US!

Your story can help others better understand our neural therapy tools (iom2, Safe and Sound Protocol (SSP), Focus System, Dreampad), as well as bring hope to someone who may be in a similar situation to you. Stories from our professionals and families are a unique blend of clinical observations and anecdotes.

We will review your story and, upon approval, it will be published to our website and other media channels. Approved stories will be well-written accounts of your experience using Unyte/iLs products and should incorporate the complete story elements in detail.

**Send your stories to: [mystory@unyte.com](mailto:mystory@unyte.com)**

***Please note:*** Approved case stories must be accompanied by a signed Multimedia Release & Permission Form (found below).

### Story Elements to Include:

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 and Photo Tips:**

Demonstrating the 'before' and 'after' through videos and photos helps these stories shine!

1. Sound and video quality must be clear
2. Photos should be 300 dpi

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

**Get in touch with us: [mystory@integratedlistening.com](mailto:mystory@integratedlistening.com)**

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.

## Case Story Report Form

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

**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 (SSP), 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? 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?

## Multimedia Release & Permission Form

Unyte-iLS programs combine movement and auditory therapy that is implemented primarily by educators and clinicians. In order to provide ongoing professional development for those using Unyte-iLS, videotaped instruction, case studies and stories are regularly provided and published. We also use videos and photos on our website and in 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](mailto: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:**

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

**Unyte-iLS Provider Printed Name:**

**Unyte-iLS Provider Signature:**

**Unyte-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 being contacted by another professional or family for further insights.**

**Yes**     **No**