**Incredible Years® Small Group Dinosaur (Treatment) Child Group Leader Training**

**Children’s Hospital Los Angeles**

**July 17 - 19 (Monday, Tuesday, and Wednesday), 2023**

**9 a.m. to 4:30 p.m.**

This 3–day training workshop will present in depth the evidence-based **“Small Group Dinosaur Treatment”** child training program developed by Dr. Carolyn Webster-Stratton. The program is designed to promote children’s problem-solving skills, improve classroom behaviors, and build positive social skills. Program topics include: understanding feelings, problem-solving, regulating emotions, how to be friendly, and doing your best in school. The program utilizes puppet play, group work, and activities to teach children these skills.



**Training Details**

**Date:**, Wednesday, Thursday, and Friday January 11 – 13, 2023. Participants must attend all three days to receive a certificate of authorized training.

**Note:** Participation in one Consultation Day with review of parent group video recordings is optional and can be purchased at a discount of $150. with the training fee or purchased separately later for $195. At least two dates for Consultation Days in March and April 2024 will be offered, additional as needed.

**Place:** USC University Center for Excellence in Developmental Disabilities

3250 Wilshire Blvd., Suite 600, Education & Training Center

Los Angeles, CA 90010

**Time:** 9 a.m. to 4:30 p.m. (Lunch on your own)

**Transportation:** Conveniently located one block from the Wilshire/Vermont Metro

Red/Purple Line Station

**Parking:** $18.00/day on site or $3.00/day metered city parking lot at 6th and Vermont.

CHLA does not provide parking validation.

**Cost:**

* $750 per participant payable in advance by check. Checks can be made out to Children’s Hospital Los Angeles. No purchase orders, please. May be mailed to Dr. Orliss at the address highlighted below.
* $150 per participant for optional Consultation Day video review with collaborative feedback when combined with training fee.
* $195. Per participant for Consultation Day when paid later separately from registration fee.

Registrations can be mailed to Attention: Micah Orliss, Ph.D. at the address highlighted below or emailed to [morliss@chla.usc.edu](mailto:morliss@chla.usc.edu)

Please email completed form to:

**Micah Orliss, Ph.D.**| Licensed Psychologist, Project HEAL

USC University Center for Excellence in Developmental Disabilities

Children's Hospital Los Angeles

4650 Sunset Blvd., Mailstop #53|Los Angeles, CA 90027

Ph: 323.361.8321| [morliss@chla.usc.edu](mailto:morliss@chla.usc.edu)

**REGISTRATION FORM – please print clearly**

**Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home address:**

Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work address:**

Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Home (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest degree\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Professional Education (or title) in Organization (Mark all that apply):**

\_\_\_ a. Special needs education (special education)

\_\_\_ b. Psychologist

\_\_\_ c. Social work/Social care/Mental Health Counselor

\_\_\_ d. Child educational therapist

\_\_\_ e. Nurse

\_\_\_ f. Teacher

\_\_\_ g. School Psychologist/Counselor

\_\_\_ h. Psychiatrist/Physician

\_\_\_ i. Administration

\_\_\_ j. Health Visitor

\_\_\_ k. Nursery Nurse

\_\_\_ l. Family Support/Family Advocacy Worker/Liaison

\_\_\_ m. Learning Mentor

\_\_\_ n. Educational welfare

\_\_\_ o. Early childhood educator

\_\_\_ p. Parent/Community/Health Educator

\_\_\_ q. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ages of children you will be using IY Programs with: 0-2 yrs \_\_\_\_ 2-3 yrs \_\_\_\_ 4-5 yrs \_\_\_\_ 6-8 yrs \_\_\_\_ 9-12 yrs \_\_\_\_