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

**Children’s Hospital Los Angeles**

**April 3 – 5 (Wednesday, Thursday, and Friday), 2024**

**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 April 3 – 5, 2024. 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 May and June 2024 will be offered, additional as needed.

**Place:** CHLA Behavioral Health Institute

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

B/D 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

Please email completed form to:

Micah J. Orliss, Ph.D. | Clinical Assistant Professor of Pediatrics

Licensed Psychologist, Project Heal Trauma Program

Behavioral Health Institute, Wilshire 6th Floor

Community Behavioral Health Program

Children's Hospital Los Angeles

4650 Sunset Blvd., Mailstop #53 | Los Angeles, CA 90027-6062 Ph: 323.361.8321|

**REGISTRATION FORM – please print clearly**

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

**Home address:**

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

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

**Or 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 \_\_\_\_