

**Incredible Years® Preschool/Early Childhood BASIC
Authorized Parent Group Leader Training
Children's Hospital Los Angeles
July 17-19 (Wed-Thurs-Fri) 2024
9 a.m. to 4:30 p.m.**



The Incredible Years® parent training intervention is a series of programs focused on strengthening parenting competencies (monitoring, positive discipline, confidence) and fostering parents' involvement in children's school experiences to promote children's academic, social and emotional competencies and reduce conduct problems. The Parent programs are grouped according to age. This training will be for leaders of the BASIC Preschool/Early Childhood (3-6 years) Program and qualifies the participant to lead the School Age BASIC Program for children 6 to 8 years old.

Training Details

Date: July 17-19, 2024 (Wed-Thurs-Fri). Participants must attend all three days to receive a certificate of authorized training.

Cost: \$750. per participant payable in advance by check. May be mailed to Dr. Coffey address highlighted below.

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 2025 will be offered, additional as needed.

Place: Children's Hospital Los Angeles /USC University Center for Excellence in Developmental Disabilities (CHLA/USC UCEDD), 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.

Please mail completed form to:

Dean M. Coffey, Psy.D. | Clinical Associate Professor of Clinical Pediatrics (Clinician Educator)
Program Area Lead, Child & Family Mental Health
USC University Center for Excellence in Developmental Disabilities
Children's Hospital Los Angeles
4650 Sunset Blvd., Mailstop #53 | Los Angeles, CA 90027
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REGISTRATION FORM – please print clearly

Name _____

Home address:

Street _____

City _____ State _____ Zip _____

Work address:

Street _____

City _____ State _____ Zip _____

Phone: Cell: _____ 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) _____ Allied Health (Physical Therapy)

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 _____