

**Incredible Years® Preschool/Early Childhood BASIC  
Authorized Parent Group Leader Training  
Children's Hospital Los Angeles  
February 15, 16, 17 (Wed-Thurs-Fri) 2023  
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 in order 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 also qualifies the participant to lead the School Age BASIC Program for children 6 to 8 years old.

### **Training Details**

**Date:** Wednesday, Thursday, Friday February 15-17, 2023. Participants must attend all three Days to receive a certificate of authorized training.

**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 6<sup>th</sup> and Vermont. CHLA does not provide parking validation.

**Cost:** \$695. per participant payable in advance by check. No purchase orders, please.

Registrations can be mailed to **Attention: Dean Coffey, Psy.D.** at the address highlighted below or emailed to [dcoffey@chla.usc.edu](mailto:dcoffey@chla.usc.edu)

Please email 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 \_\_\_\_\_