



Request to Offer an Adapted In-Person Hanen Program

Form 2 - Involves Changes to Program Sessions

Please complete this form by checking boxes or providing information, as requested.

NOTE: Adapted Program requests that involve changes to the existing sessions may not:

- include information from other Hanen Programs
- · combine information from two sessions into one
- include information from other sources
- change the order of the content

Personal Information

Name of SLP/T:	
Email:	
Phone (mobile):	Phone (office):
If you wish to offer this program with one or more organization that you do, and you have their perm	
Please note: Each SLP/T who wishes to offer this p. Name of organization where you work:	rogram must submit this form.
Full address of organization	
Street:	
City/Town:	Postal/Zip Code:
Province/State:	Country:

Program Information

1.	Which Hanen Program do you wis	sh to offer as an adapted in-person program?
	O It Takes Two to Talk® (2022 ver	rsion)
	○ More Than Words® (2024 version	ion)
	TalkAbility™ (2010 version)	
2.	Who is the adapted program for?	
3.	Proposed date for adapted progra	ım
	Start date:	End date:
4.	Please provide any information the program.	nat might help us understand your reason for offering this adapted
5.	Total number of group sessions in	the adapted program:
6	Length of each session:	nours
7.	Total number of group session ho	urs (not including orientation and video feedback sessions):
8.	Number of video feedback session	ns:

9. Program schedule

Please provide a **schedule** of your proposed adapted in-person program including session titles and proposed dates (see sample below). Include Orientation session (if offered), pre-program consultations and all group sessions and video feedback sessions in the order you plan to offer them.

SAMPLE							
Proposed Program Schedule for Adapted More Than Words® Program							
Date	Program Components						
May 5 2020	Orientation session						
Week of May 11–22	Pre-program consultations						
May 26	Session 1: Follow Your Child's lead						
June 2	Session 2: Keep the Interaction Going						
Week of June 8	Video feedback						
June 16	Session 3: ROCK in People Play						
June 23	Session 4: Help Your Child Learn with Daily Routines						
June 30	Session 5: Take Out the Toys						

Proposed Program Schedule for Adapted						
Date	Program Components					

10. What are the primary changes to the "full" program that you are proposing for your adapted in-person program?

11. Confirmation of compliance with requirements for an Adapted In-Person Hanen Program
I will base the adapted program on the current program versions of:
◯ It Takes Two to Talk® (2022 version)
which includes the following resources:
 PowerPoint program slides;
• the Making Hanen Happen Leaders Guide
These resources can be found in the Program Resources section of the member website.
I will offer an Orientation session (recommended for It Takes Two to Talk® and TalkAbility™; mandatory for More Than Words®) ○ Yes ○ No
I will keep the 4P and 2P cycles that are included in the adapted program session exactly as they are written in the current version of the <i>Making Hanen Happen Leaders Guide</i> .
I will conduct a pre-program consultation with the parents and child, which includes doing a baseline recording of the parent-child interaction.
I will use the baseline recording, as well as parent input, to help parents develop appropriate communication goals for their child.
With parental input, I will modify child goals as the program progresses, as needed.
My program will contain a maximum of 9 families.
Please complete a detailed program outline on the next page

Please complete a detailed program outline on the next page.
This application will be considered only if the detailed program outline is completed.

Thank you for your application to offer an adapted in-person program.

Please save and email this form to copyright@hanen.org when it has been completed.

Please do not offer the adapted in-person program until you have signed an agreement with The Hanen Centre®.

Because this adapted in-person program request involves changes to the program, it will be reviewed by the Copyright Committee. We will make every effort to provide a response within 3 weeks of receipt of this request. Please note, if you haven't given us at least 4 weeks to review and respond to your request, you may not be able to obtain permission in time to offer your program.

SAMPLE DETAILED PROGRAM OUTLINE

Session 1 It Takes Two to Talk® via Telepractice	Time Allocated	MHH page	Comments	Chapter of guidebook
Topic: Welcome	5 mins	S1 -5	To be done as in MHH for ITTT	
Topic: Getting started (Ice breaker and ground rules)	20 mins	S1 -6 to S1 -8	To be done as in MHH for ITTT	
Topic: In this session (agenda and session goals)	5 mins	S1 -9	To be done as in MHH for ITTT	
Topic: Communication begins with interaction (2P)	15 mins	S1 -10 to S1 -12	To be done as in MHH for ITTT	Ch 1
Prepare: Who do you enjoy talking with?				
Present: Communication begins with interaction				
Topic: Video stars	40 mins	S1 -17	To be done as in MHH for ITTT	
BREAK	10 mins			
A. Get face to face Prepare: When positioning counts Present: Get face to face B. Observe, Wait and Listen (OWL) Prepare: I really hate it when Present: Observe, Wait and Listen (OWL) Practice: Viewing videos and analyzing them to see if parent was/not OWLing and child's response Personalize: To-do-at-home-plan	50 mins	S1 -25 to S1 -40	To be done as in MHH for ITTT Keep a copy of your completed "I really hate it when/Mom I wish you wouldn't" flip chart (you will use it again during Session 3)	Ch 1
Wrap up	5 mins	S1 -41	To be done as in MHH for ITTT	
TOTAL	150 mins			

Program: Session:	Time Allocated	MHH page	Comments	Chapter of guidebook
TOPIC:		Page		ganacoca
Prepare:				
Present:				
Practice:				
Personalize:				
Personalize:				
TOPIC:				
Prepare:				
Present:				
Practice:				
Personalize:				
BREAK				
TOPIC:				
Prepare:				
Present:				
Practice:				
Personalize:				
TOPIC:				
Prepare:				
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Practice:				
Personalize:				
Wrap up				
TOTAL hrs/mins				

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BREAK				
TOPIC:				
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TOTAL hrs/mins				