

## Integrated Listening Systems (iLs) Enrollment Form

At Porter Academy, we utilize an auditory training program with bone conduction designed by Integrated Listening Systems (iLs). This program is integrated into our occupational therapy program. All students participate in occupational therapy regardless of participation in iLs; those students signed up for iLs wear headphones during occupational therapy classes. Integration of the auditory training with visual and motor activities during OT enhances the effectiveness of the program.

The basic tenant of iLs is that the modified music, heard both through the ears and through bone conduction, strengthens both the auditory system and the vestibular system. It benefits the auditory system by re-training the ears and the brain to better filter sounds and distinguish different sounds from each other. The vestibular system, while most commonly associated with balance, movement, and regulatory patterns, also acts as a “conductor” for all the sensory systems – it coordinates the various sensory systems so that they can communicate with each other and work well together. Since all higher level skills depend on the efficient functioning of the sensory systems, iLs is able to provide a wide array of benefits by directly strengthening these systems.

Research has demonstrated improvements in 1) sensory regulation - maintaining a calm, alert state, decreased anxiety, 2) attention, 3) auditory skills such as phonemic awareness, auditory figure-ground, auditory memory, dichotic listening, and pitch discrimination, 4) auditory processing, 5) reading and spelling, 6) math, 7) visual-motor integration such as handwriting and drawing, 8) athletic abilities, 9) behavior, and 10) self-esteem.

Generally speaking, iLs is contraindicated for those with bipolar and seizure history. Exceptions can be made on an individual basis if it appears the child may benefit from iLs therapy and is on a successful medication regimen. To discuss the child’s case, an appointment can be scheduled with Ron Minson, M.D. through the iLs general number – 303-741-4544. Dr. Minson charges in 15-minute increments at a rate of \$220 per hour. In the event the child is not deemed suitable for iLs, the consultation is gratis.

To enroll your child in iLs, please complete the enrollment form and release. Turn in forms and your payment of \$500 (make check out to Porter Academy) to Pam Higginbotham. The cost can be broken up into smaller payments if necessary; contact Pam for further information.

Student Name: \_\_\_\_\_

\_\_\_ My child does not have a seizure disorder or bipolar disorder, and I would like to enroll him/her in iLs.

\_\_\_ My child is diagnosed with a seizure disorder. Seizure activity is well controlled, and I am interested in participation in iLs.

\_\_\_ My child is diagnosed with bipolar disorder. This disorder is well controlled, and I am interested in participation in iLs.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Porter Academy

200 Cox Road, Roswell, GA 30075  
 Tel: (770) 594-1313 Fax: (770) 594-1771  
 www.porteracademy.org

*Porter Academy does not discriminate in any way on the basis of race, color, gender, religion, or national or ethnic origin.*

## RELEASE, INDEMNITY AND HOLD HARMLESS AGREEMENT

Participant \_\_\_\_\_ Activity \_\_\_\_\_

I am the legal Parent/Guardian of the above-named Participant who is under eighteen years of age and am fully competent to sign this Agreement.

I give permission for Participant to participate in the Integrated Listening System (iLs) program under the supervision of Porter Academy staff. I hereby release Porter Academy and Integrated Listening Systems, along with individuals associated with either business, from any and all liability and expense, including attorneys fees, which arise from the Participant's use of the Integrated Listening Systems program. I further agree to indemnify and hold harmless Porter Academy and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act of omission while participating in the described activities.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITIES AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.**

This release and indemnity agreement shall be effective and binding for the entire period the Participant participates in such program.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
 Street City State

Contact: \_\_\_\_\_ Tele: \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date: \_\_\_\_\_