



# Collaborative for Leadership in Ayres Sensory Integration® (ASI) Certificate Program

## 2020-2021 Requirements and Assignments



*The 2020-2021 revised requirements apply to participants completing the CLASI CASI program with emphasis on the EASI as the primary assessment tool, starting in October 2020. Participants who began the CLASI CASI program with emphasis on using the SIPT, will be provided the ASI Certificate under the prior requirements. Please confirm with your local host or [info@cl-asi.org](mailto:info@cl-asi.org) if you have questions.*



**Collaborative for Leadership in Ayres Sensory Integration (CLASI)  
Certificate in Ayres Sensory Integration (CASI)**

**REQUIREMENTS**

1. The CLASI-CASI program requires completion of 6 Modules plus additional activities and assignments. Each module requires approximately 30 hours (3.0 CEU's), for a total of 180 hours (18 CEU's).
  - Module 1 is offered by asynchronous virtual format but may be offered onsite, when possible, upon request.
  - Modules 2, 4, and 5 are completed via an asynchronous virtual format.
  - Modules 3 & 6 are completed onsite or by synchronous virtual format, when holding onsite courses is not feasible.
  
2. Complete assignments per module and submit assignments per instructions as follows:

<b>Module 1: ASI Theory</b>	
Onsite or Asynchronous Virtual Module, 3.0 CEU's	
Module 1 is a research-based series of lessons that provide a foundation in ASI theory.	
<b>ASYNCHRONOUS VIRTUAL MODULE 1</b>	<b>ONSITE MODULE 1</b>
Asynchronous Virtual Format Assignments: 6 hours	Onsite Module: 24 hours (4 days) Assignments: 6 hours
<b>Assignments</b>	
Find and post a reputable media resource (e.g., a You-tube video, podcast, or website) that exemplifies the relationship between neuroscience and ASI. Post on online discussion board with a short commentary on the reasoning for choice.	Neuro presentation-participants prepare and present on neurological structures and functions in small groups (described in more detail during the onsite course).
Recommended but not required: Following M1, create and present an introductory 30-60-minute presentation e.g., in-service or lecture on ASI to a self-selected audience e.g., parents, teachers, community groups, etc.; share slide(s) on discussion board and post comments on the presentation.	

## Module 2: Introduction to Comprehensive Assessment in ASI

Asynchronous Virtual Module, 3.0 CEU's

Module 2 introduces the learner to information on direct and indirect assessments including the Evaluation in Ayres Sensory Integration (EASI), the Sensory Integration and Praxis Tests (SIPT), and the Sensory Processing Measure (SPM).

Asynchronous Virtual Module 2: 20 hours

Assignments: 10 hours

### Assignments

Practice test administration for all tests.

Practice with video clips, then practice administration and scoring with adults and with typically developing children.

## Module 3: Comprehensive Assessment in ASI

### Hands-on Practice and Review

Onsite Module, 3.0 CEU's

**(M3 may be offered via synchronous virtual format if onsite courses are not feasible)**

Module 3 provides hands-on practice and review of all aspects of sensory integration including perception, reactivity, postural ocular and bilateral control and praxis, with a assessments that were introduced in Module 2. During the onsite Module 3, participants will have an opportunity to clarify any questions they have about the information presented in the asynchronous virtual instruction, and to practice assessment administration and scoring with peers.

Onsite Module 3: 24 hours (4 Days)

Assignments: 6 hours

### Assignments

The following assignments are to be completed after onsite Module 3:

- 1) After completing the asynchronous virtual preparation for Module 2 and attending the M3 practice course for assessment, continued practice is needed to develop competence in test administration and scoring skills; participants are expected to review asynchronous virtual lessons and notes; learning test mechanics takes time-continue practice with adults, along with the videos in the asynchronous virtual program.
- 2) Following practice, participants will **complete the TEST ADMINISTRATION & SCORING CHECK-TASC**. (see attached form for details of this assignment)
- 3) Practice the tests, as possible, with typically developing children to have the chance to see how children without SI concerns perform on the tests.
- 4) **Complete the EASI on two typically developing children ages 3-12.** Following attendance at M3 and completion of the TASC, test two typically developing children on all EASI tests and enter the data on the designated data entry platform. Note the subject ID#s and record those on the Testing Verification Form.
- 5) **Identify and test at least one child with suspected difficulties.\*** Complete the EASI (or the SIPT, including computerized scoring and SIPT test report), and the SPM; estimate performance on qualitative or non-standardized measures.

*\*If testing a child with suspected SI concerns is not feasible (e.g., due to pandemic restrictions, normative data not yet available, etc.) participants may be provided with a "case" that includes EASI and SPM scores, in order to practice to the interpretation process.*

To apply clinical reasoning and learn the interpretation process, we will rely on research based on the SIPT to identify core ASI constructs. As research is available on the EASI, this data will be included to further support the interpretation of test data.

To complete the assignments for the CLASI CASI, all tests of the EASI should be administered to two typically developing children and test\* and interpret scores for one child with suspected sensory integration concerns (see criteria for selection of case). In addition. (The SIPT may be substituted for the EASI, if the learner has access to a SIPT kit, SIPT test forms and SIPT scoring.)

<b>Module 4: Clinical Reasoning in ASI</b> Asynchronous Virtual Module, 3.0 CEU's
Module 4 builds on Modules 1-3 with content and skills needed for interpreting assessment data in a systematic way, so that intervention can be planned and implemented in a focused, appropriate, and effective way.
Asynchronous Virtual Module 4: 24 hours Assignments: 6 hours
<b>Assignments</b>
Prior to/during completion of asynchronous virtual Module 4: 1) Complete all lessons and assignments for Modules 1-3. 2) Review test scores (either on case provided by CLASI or on child tested) and think about the scores while completing lessons in M4; Independently complete first draft of "case summary.

*\*If testing a child with suspected SI concerns is not feasible (e.g., due to pandemic restrictions, normative data not yet available, etc.) participants may be provided with a "case" that includes EASI and SPM scores, in order to practice to the interpretation process.*

<b>Module 5: Intervention Planning</b> Asynchronous Virtual Module, 3.0 CEU's
Module 5 introduces the research and manualized methods of ASI intervention as an evidence-based intervention, including the core principles of ASI that assist practitioners in planning intervention as defined in the Fidelity to ASI Intervention Measure that assists researchers and clinicians to distinguish between interventions that are faithful to the principles of ASI and those that do not meet the criteria.
Asynchronous Virtual Module 5: 24 hours Assignments: 6 hours
<b>Assignments</b>
<ol style="list-style-type: none"> <li>1) During the asynchronous virtual lessons for Module 5, participants will complete an exercise that involves rating intervention video clips using the ASI Fidelity Measure. A passing score on the ASI Fidelity Measure ratings is required to complete the module. Complete all lessons and assignments for Modules 1-3.</li> <li>2) Finalize first draft of independently developed case summary (for a child for whom you have test scores (e.g., if you were able to obtain standard scores on the EASI or if you administered and scored the SIPT) OR for the case provided to you by the instructor. Following completion of Module 4 &amp; 5 asynchronous virtual lessons, exchange draft of case summary with a peer ( DASC)</li> <li>3) Revise your case summary based on feedback you receive from the DASC and bring it with you to Module 6.</li> <li>4) Video-record and rate your own intervention session using the ASI Fidelity Measure (see attached video assignment).*</li> </ol>

*\*If it is not possible to provide in-person intervention using ASI (e.g., due to pandemic restrictions or other local situations), the video recording requirement may be waived.*

**Module 6: ASI Intervention  
Hands-on Practice and Review**

Onsite Module, 3.0 CEU's

**(M6 may be offered via synchronous virtual format if onsite courses are not feasible)**

Module 6 provides hands-on experience in designing and implementing evidence based ASI intervention with fidelity to the method. Through case analyses, participants are guided to design the intervention program and activities based on analyses of the assessment data and conduct dynamic assessment while providing those intervention strategies. Emphasis is placed on clinical reasoning using all steps of DDDM, from hypothesis generation to working on proximal goals to meet relevant distal outcomes. A master clinician will demonstrate using an ASI approach with children who demonstrate sensory integration deficits.

Onsite Module: 24 hours (4 Days)

Assignments: 6 hours

**Assignments**

Participants will work in small groups to analyze and discuss cases and participate in a group presentation of selected cases from each group. Throughout M6, participants are expected to refine their case summaries, based on the information presented each day. Participants should plan for 1-2 hours after the course on days 1-3 to work on the case refinement.

Participants must bring the following to M6:

- Case Summary-developed independently and revised following DASC
- Remaining questions about test administration/scoring
- \*Video of an ASI intervention session and an ASI Fidelity Measure Rating Form for that session.

*\*If it is not possible to provide in-person intervention using ASI (e.g., due to pandemic restrictions or other local situations), the video recording requirement may be waived.*





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**Test Administration and Scoring Check (TASC)**

The *Test Administration and Scoring Check* with a peer(s) or previously SI certified therapist aims to assist learners in refining test administration and scoring competency, following training and practice. The TASC may be conducted in person or virtually. The following process is followed:

- Learner administers at least a portion of all required tests to another adult or child (adult is recommended) while peer who is familiar with tests (either fellow learner or someone who has been trained in the tests) observes.
- Peers may choose to work in small groups (2-4 people works well), alternating the role of tester and “child” if in-person; if virtual, then learner may test another adult, while observer reviews virtually- preferably in real time.
- Learner and observers discuss test administration and scoring, using notes and other course resources to clarify and resolve any points of confusion.
- Learner must exchange one scored form for Visual Praxis: Designs (VPr:D); Praxis Ideation (Pr:I) based on videoclip; Proprioception Joint Position (Prop:JP); and Tactile Perception: Design (TP:D) (or KIN, MAc and GRA if using the SIPT (administered to a child prior to the observation) and a scoring check must be completed (see below).

**Learner Information:**

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

M3 attended (city and dates): \_\_\_\_\_

**Observer Information:**

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

\_\_\_\_peer in same onsite course, OR

\_\_\_\_trained in required tests (list program, city and dates)

Please list at least 3 things that were clarified, corrected, or which made testing more efficient based on discussion from the TASC:

1)

2)

3)

**Scoring Check:**

Learner and observer verify that they have scored, compared, and discussed their results on VPr:D, Pr:I, Prop:JP, and TP:D (or on KIN, MAc and GRA, if using the SIPT).

I verify that all information recorded here is true and accurate:

Signature of learner: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of observer: \_\_\_\_\_ Date: \_\_\_\_\_

**Optional:**

Comments related to participation in a virtual or in-person meeting with CLASI or a local course organizer:





**Collaborative for Leadership in Ayres Sensory Integration (CLASI)  
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Data Analysis and Synthesis Test Check (DASC)**

The *Data Analysis and Synthesis Test Check* with a peer or small group aims to assist learners in clinical reasoning by refining data analysis for completion of the next steps of DDDM. The DASC may be conducted in person or virtually. The following process is followed:

- Learner completes at least one Case Summary (either from child tested or from case provided by the instructor) following the assigned format, following steps of DDDM.
- Learners may choose to work in pairs or in small groups to exchange their Case Summaries (pairs or groups compare their findings in person, by phone or via a virtual meeting, such as Skype or Zoom); based on discussions, the learners revise their Case Summaries.
- Learners are encouraged to bring any questions or interesting points of discussion to a CLASI webinar (or to meetings with local host organization if provided).

**Learner Information:**

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

**Partner or Group Information** (if case discussion involved more than one peer, list all):

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Please list at least 3 things that were clarified, or areas identified as needing clarification during the DASC:

1)

2)

3)

I verify that all information recorded here is true and accurate:

Signature of learner: \_\_\_\_\_ Date: \_\_\_\_\_

**Optional:**

Comments related to participation in a virtual or in-person meeting with CLASI or a local course organizer:



**Collaborative for Leadership in Ayres Sensory Integration (CLASI)  
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**Verification of Testing of Typically Developing Children on the EASI**

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

I verify that I tested two typically developing children on all tests of the EASI, as follows:

**Typically Developing Child #1** – Subject ID: \_\_\_\_\_

Age in years \_\_\_\_\_ months \_\_\_\_\_

Gender: \_\_\_\_\_ male \_\_\_\_\_ female \_\_\_\_\_ other

City and Country of child's residence \_\_\_\_\_

**Typically Developing Child #2** – Subject ID: \_\_\_\_\_

Age in years \_\_\_\_\_ months \_\_\_\_\_

Gender: \_\_\_\_\_ male \_\_\_\_\_ female \_\_\_\_\_ other

City and Country of child's residence \_\_\_\_\_

I verify that I administered and scored all EASI tests (or noted any tests or items that could not be administered and scored) on the children described above and have entered the scores into the REDCap platform \_\_\_\_\_ (enter your initials)

Email address used for REDCap data entry: \_\_\_\_\_

I verify that a parent of each child tested signed a consent form \_\_\_\_\_ (initial)

# Child Demographic Information

This is the information you will need to enter in the scoring system for the children you test as part of your certificate requirements. You only need to submit this information in the scoring platform; the form is provided here so that you know which information you will need to gather about the children you test.

The following information is used for sample description purposes only and will not be associated with any identifying information for the child being tested.

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Child's gender:

Male  
 Female  
 Other

---

Child's race/ethnicity:

Native American  
 Asian  
 Black Non-Hispanic  
 White Non-Hispanic  
 Hispanic  
 Other/Unknown

---

If other race/ethnicity categories are used in your country, please indicate the category that best describes this child:

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Child's country of birth:

---

Child's country of residence:

---

Child's age on first day of testing:

---

(years)

---

(months)

---

Parent/guardian information (only identify one person here):

Mother  
 Father  
 Grandmother  
 Grandfather  
 Other

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If other, please list:

Parent/guardian education (answer only for the one person checked above- either ask the parent or estimate).

Note: "College" refers to "University degree" and "post-college" refers to "post basic University degree". Please ask parent, if possible or if not, estimate

- Less than High School  
 High School (or equivalent)  
 College  
 Post-College (graduate school, medical school, etc.)

Second parent/guardian information (indicate one other primary parent or guardian, if applicable):

- Mother  
 Father  
 Grandmother  
 Grandfather  
 Other

If other, please list:

\_\_\_\_\_

Second parent/guardian education (answer only for the second person, checked above, if applicable). (Ask the parent or estimate)

- Less than High School  
 High School or GED  
 College  
 Post-College (graduate school, medical school, etc.)

Which best describes the area in which the child lives: (Ask the parent or estimate)

- Urban area (includes places with 50,000 or more people)  
 Urban cluster (includes places with 2,500 to 49,999 people)  
 Includes countryside or a place with fewer than 2,500 people

Mark the box corresponding to socioeconomic level based on an estimate of the child's family income level: (Ask the parent or estimate)

- low range income  
 middle-range income  
 upper range income

Primary language used at home:

\_\_\_\_\_

If more than one, please list languages:

\_\_\_\_\_

**PLEASE READ AND ANSWER THE FOLLOWING QUESTIONS CAREFULLY:**

Does this child show signs of or has this child been diagnosed with developmental delays?

- Yes    No

Has this child been identified as having sensory integration concerns by a SI trained occupational therapist (OT), physical therapist (PT) or speech/language pathologist (SLP) and/or has received therapy for this concern?

- Yes    No

Has this child ever been diagnosed, referred for, or have received therapy services for any of the following, or similar conditions:

Yes  No

- learning disorders
- autism or attention deficit hyperactivity disorder
- speech and language delays or regulatory issues
- hypotonia or developmental coordination disorder

List:

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Does this child have any disabilities, such as:

Yes  No

- neurological disorders, including traumatic brain injury
- cerebral palsy or spina bifida or spinal cord injuries or significant cognitive deficits (defined as IQ score less than 70 or diagnosed with a developmental delay or cognitive disability)
- visual or hearing impairments, or other conditions which include symptoms of sensory or motor impairments

List:

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Does subject have siblings who meet any of the above conditions? If yes, list:

Yes  No

List:

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### Tester Information

Profession of tester:

- Occupational therapist  
 Physical therapist  
 Speech and language therapist  
 Psychologist  
 Medical doctor

If you are a student in one of the above fields, check here:

Yes

Highest professional degree

- Bachelor's degree  
 Master's degree  
 Doctoral degree

Years of clinical experience in pediatrics:

- 0-2  
 3-5  
 5-9  
 10+

Current location of residence of tester:

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**Parent Consent**

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Before you begin testing, ask parent/guardian to sign and date the consent form

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Has consent form been signed and dated?  Yes  No  N/A

---

Notes





**Collaborative for Leadership in Ayres Sensory Integration (CLASI)  
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**Parent Consent for Testing of Children for the CLASI CASI Program**

As part of advanced training in Ayres Sensory Integration, professionals who are participating in the program are required to test children using a set of tests that measure sensory and motor functions. These tests include items which involve activities such as:

- Copying designs
- Imitating positions and actions
- Balancing
- Tracking a moving pencil with the eyes
- Demonstrating ideas about possible actions (these items are videotaped for scoring purposes only and after scoring the video clip is deleted)
- Folding, tearing, and building tasks with child sized furniture and objects
- Indicating where light touch is applied to the hands and arms
- Matching shapes to similar shapes
- Being turned on a rotation board
- Indicating a reaction to touch, sound, smells, and motion

I, (name of parent): \_\_\_\_\_ Date: \_\_\_\_\_

give permission for my child (name of child): \_\_\_\_\_

to participate in these tests. I understand that:

- If my child is uncomfortable during any of the tests or test items, those items will be discontinued, and I will be notified of my child's response.
- The tester agrees to follow established guidelines to ensure safety, cleanliness, and illness prevention during the testing.
- The tester will not store or share any identifying information about my child (e.g., name, parent's name, address, phone number, or any diagnoses, if applicable).
- My child's de-identified test scores may be discussed in the program to assist participants in mastering test administration, scoring and interpretation.
- My child's de-identified test scores will be stored in a confidential and secure data base and may be accessed for research purposes.

Please list any precautions, allergies, or other information the tester should know about your child prior to or during testing:

I have read the description of the tests and the conditions of testing, have been offered a copy of this form, and agree that my child may be tested for the purpose of this program:

Signature of parent:

Date:



**Collaborative for Leadership in Ayres Sensory Integration (CLASI)  
Certificate in Ayres Sensory Integration (CASI)**

**SELECTION CRITERIA  
FOR CHILDREN TESTED AND CASE PREPARATION**

- 1. Required: Administer the EASI on 2 Typically Developing Children**
  - Administer and score all tests of the EASI on 2 typically developing children who are between 3 and 12 years of age.
  - Follow ethics guidelines provided by course instructor.
  - Provide EASI raw scores to the EASI lead for the country where the children are tested. Details to be provided during Module 3.
  - Bring scores to Module 6.
  
- 2. Administer the EASI (or SIPT) and the SPM on one child with suspected difficulties:**
  - Age 3-12 years (if using the EASI; 4-9 years if using the SIPT).
  - Child has some challenges in participation (e.g. trouble playing with peers; difficulty mastering skills such as dressing or bathing; struggling at school, etc.).
  - Suspected problems with sensory integration-some indication that the participation challenges could be related to problems in sensory integration; diagnoses such as autism, attention deficit disorder, speech and language delays or learning disabilities are often good candidates.
  - No other complicating diagnosis, such as cerebral palsy, Down syndrome, visual impairment, etc.
  - No or little intervention, especially intervention that has used an Ayres Sensory Integration approach.
  - Tester believes that test scores are valid and reliable.
  - Prepare short video clip that shows the sensory, motor or praxis challenges.
  - On this child (or on another child who has full assessment data) prepare a video segment of intervention applying the ASI approach.
  - Rate the intervention segment on the Ayres Sensory Integration Fidelity Measure.

NOTE: Participants may bring additional cases to Module 6 including children for whom standardized testing is not feasible e.g. children under age 3 or children with challenges that make it impossible for them to comply with standardized test procedures. We will discuss the application of the sensory integration concepts and intervention planning to these cases as time allows.



## **Collaborative for Leadership in Ayres Sensory Integration (CLASI) Certificate in Ayres Sensory Integration (CASI)**

### **Video Assignment**

- Using the ASI Fidelity Measure provided in Module 5, complete a self-assessment of your use of ASI process elements during your session.
- The session should strive to meet the structural elements for fidelity including a complete assessment (including the SIPT or the EASI) and provided in an environment with adequate sensory motor affordances.  
*NOTE: If you do not have access to a clinic setting, you can use another setting, as long as you are providing ASI intervention.*
- Obtain the signed permission form for videotaping and viewing the video for educational purposes (attached below). This form is required for the final CLASI CASI application.
- Bring the video and the rating of the intervention to M6.
- During M6, the instructor will review the case studies, including intervention. This is an excellent opportunity to gain feedback on your case.
- There will not be enough time to review every participant's case; for those selected, we will have time to review approximately 5-10 minutes of the video, so preparing an edited version is preferred. In some cases, we may wish to scan the whole session to view the flow of therapy, so if you do edit, please bring the unedited version as well.



**AUTHORIZATION to VIDEOTAPE**

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, consent to and authorize videotaping, recording, or use thereof, of the above named child. Said recordings are to be used exclusively for educational purposes including use in lectures and professional journals and textbooks. The rights granted the Collaborative for Leadership in Ayres Sensory Integration (CLASI) herein are perpetual and worldwide.

I understand that while my child or I will not be identified, the videotape will reveal pictures or other details that may disclose our identity. I understand that neither my child nor I will receive remuneration of any kind for our participation in the recordings. By signing this authorization, I waive any right to compensation for such uses, and you and your successors also release and hold harmless the CLASI, your attending health care provider and Facility from and against any claim for any injury in connection with the use or display of your image, voice, likeness or any other identifying characteristics in the presentation of your videotape, and any compensation resulting from the activities authorized by you in this authorization.

I confirm that I have the right to enter into this agreement, that I am not restricted by any commitments to third parties, that CLASI and other agents have no financial commitment or obligation to me as a result of this agreement, and that I have had opportunities to ask questions about the use of my health information for educational and instructional purposes.

I have read the foregoing agreement and understand its terms and hereby agree to them.

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\_\_\_\_\_  
Signature of Individual or Parent/Guardian  
Printed Name of Individual or Parent/Guardian  
Signature of Individual or Child  
Printed Name of Individual or Child  
Address  
City, State, Zip  
Phone  
Date

Therapist Name \_\_\_\_\_  
Therapist Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Signature \_\_\_\_\_



**Collaborative for Leadership in Ayres Sensory Integration (CLASI)  
Certificate in ASI: CHECKLIST**

<b>CASI Requirement</b>	<b>Date Completed</b>	<b>Comments/Questions</b>
<b>Module 1</b>		
<b>Module 2</b>		
<b>Practice with video clips and course notebook</b>		
<b>Attend CLASI webinar or local meeting, if possible</b>		
<b>Module 3</b>		
<b>Practice with adults and typically developing children</b>		
<b>Selection and testing of two typically developing children (on EASI) and on one child with suspected problems in sensory integration*</b>		
<b>Enter EASI Test Scores</b>		
<b>Testing Verification Form</b>		
<b>Module 4</b>		
<b>TASC</b>		
<b>Module 5</b>		
<b>Complete Case Summary Form</b>		
<b>DASC process</b>		
<b>Attend CLASI webinar or local meeting, if possible</b>		
<b>Revise Case Summary</b>		
<b>Prepare intervention video</b>		
<b>Rate video using ASIFM</b>		
<b>Module 6-bring at least Case Summary, video of intervention, and rating of video on ASIFM</b>		

\*during pandemic, CLASI will provide a case for interpretation if participant is unable to test a child



**APPLICATION:**  
**Collaborative for Leadership in Ayres Sensory Integration (CLASI)**  
**Certificate in Ayres Sensory Integration (CASI)**

Name (as you would like it to appear on your certificate): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

*Please check the appropriate boxes and attach the required documentation.*  
 Please submit application form and all attachments to [clasicasiapplication@gmail.com](mailto:clasicasiapplication@gmail.com)

**ONLINE DIRECTORY**

Would you like your name and email to be listed on the CLASI Online Directory?
<input type="checkbox"/> Yes, please include my name and email on the online directory. If yes, please include what country you would like set as your location. _____
<input type="checkbox"/> No, please do not include me on the online directory.

**PROFESSIONAL LICENSE VERIFICATION**

Please attach the following.
<input type="checkbox"/> Current active occupational therapy, physical therapy or speech and language pathology license or other documentation which verifies ability to practice in one of these fields in your country.

**ATTENDANCE**

MODULE	Please attach certificates of completion for each module.
<b>MODULE 1</b>	<input type="checkbox"/> asynchronous virtual <input type="checkbox"/> onsite If onsite, date and location of M1:
<b>MODULE 2</b>	<input type="checkbox"/> asynchronous virtual
<b>MODULE 3</b>	<input type="checkbox"/> onsite <input type="checkbox"/> synchronous virtual If onsite, date and location of M3:
<b>MODULE 4</b>	<input type="checkbox"/> asynchronous virtual
<b>MODULE 5</b>	<input type="checkbox"/> asynchronous virtual
<b>MODULE 6</b>	<input type="checkbox"/> onsite <input type="checkbox"/> synchronous virtual If onsite, date and location of M6:

**ASSIGNMENTS**

Please attach the following assignments.
<input type="checkbox"/> Test Administration and Scoring Check (TASC)
<input type="checkbox"/> Data Analysis and Synthesis Test Check (DASC)
<input type="checkbox"/> Testing Verification Form
<input type="checkbox"/> Case Summary
<input type="checkbox"/> ASI Fidelity Measure Rating Form
<input type="checkbox"/> Video Permission Form

Please submit application form and all attachments to [clasicasiapplication@gmail.com](mailto:clasicasiapplication@gmail.com)