Fluency Friday

www.cahs.uc.edu/csd/clinics-services/fluencyfriday

An Intensive Treatment Program for Children/Teens Who Stutter

Fluency Friday is an intensive one-day workshop where students who stutter participate in individual and group therapy sessions, as well as participate and observe panel discussions. Participants come from the Tri-State area and many return annually. Fluency Friday has received both state and national recognition.

The program was started by Diane Games over 15 years ago and has developed into a collaborative community effort with faculty from the University of Cincinnati, Hamilton County Educational Service Center, and Cincinnati Children’s. Therapy is provided by graduate clinicians from the University of Cincinnati under the guidance of licensed speech-language pathologists. Throughout the day, parents attend presentations from local and national experts in the field of stuttering and have the opportunity to ask questions.

This powerful program provides individuals who stutter the opportunity to learn that they are not alone in their journey with stuttering and it gives them the chance to draw support from professionals, graduate students, their families, and especially their peers.

Date: February 23, 2018
Time: 8:00 am-4:30 pm
Location: The Centennial Barn
110 Compton Road Cincinnati, OH 45215
Phone: 513.761.1697

For more information or if you have questions please contact: Karen Rizzo, karen.rizzo@cchmc.org 513-636-3548 or Robert Reichhardt, robert.reichhardt@cchmc.org, 513-803-1176
FLUENCY FRIDAY - 2018
Friday February 23, 2018 – 8:00 a.m. – 4:30 p.m.
STUDENT REGISTRATION

*** Please register by January 20, 2018 ***
http://www.cahs.uc.edu/csd/clinics-services/fluencyfriday

DATE:____________ Age Group: Primary (K-3) _______Elementary (4-6)_______Jr. High (7-8)______
High Sch. (9-12)_____Young Adult (18+)______

NAME of STUDENT:______________________________________________________________ D.O.B:______________________________

ADDRESS:______________________________________________________________________

CITY:________________________STATE:___________ZIP:_________SCHOOL:__________________________

*PARENT(S):____________________
*TELEPHONE #: HOME____________________ WORK_______________________
*CELL__________________________ *EMAIL____________________________________

PREVIOUS TREATMENT: WHERE?____________________ DATES:____________________________

NAME of CURRENT SPEECH-LANGUAGE PATHOLOGIST: ________________________________________________________________

SLP Phone # (work, home, cell): ____________________ SLP E-mail Address: ______________________________________________

COMMENTS:____________________________________________________________________

Fee Information:
Student Fee: $25 (Includes T-shirt)
Adult/Parent Fee: $15 (does not include T-shirt)
T-Shirt: $10 per shirt
Fees for students and adults cover Fluency Friday materials/facility, snacks, and box lunch with drink/coffee.

<table>
<thead>
<tr>
<th>Students/Adults Attending Fluency Friday</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of students attending:</td>
<td>$25.00 X______</td>
</tr>
<tr>
<td>Number of adults attending:</td>
<td>$15.00 X______</td>
</tr>
<tr>
<td>T-shirts (Sizes: CS, CM, CL, AS, AM, AL, AXL)</td>
<td>$10.00 X______ SIZES list here:</td>
</tr>
<tr>
<td>Total Payment</td>
<td>$___________</td>
</tr>
</tbody>
</table>

PREFERENCE is to register online:  http://cahs.uc.edu/csd/clinics-services/fluencyfriday
If need to mail, make checks payable to: UC FOUNDATION with “Fluency Friday” in the memo line

***If mailing include: Fluency Friday Application (p. 2), Release of Information (p. 3) and payment to: Linda Roedig, University of Cincinnati, French Hall East, 3202 Eden Ave., Cincinnati, Ohio 45267, Mail Location: 0379

**DEADLINE TO REGISTER IS 1/20/18

LIMITED SCHOLARSHIPS ARE AVAILABLE BASED ONLY ON FINANCIAL NEED! Check here if you would like to be considered for a scholarship and someone will contact you: __________________________________________
If you have further questions please contact Robert Reichhardt at 513-803-1176 or Karen Rizzo at 513-636-3548.
RELEASE OF INFORMATION

FLUENCY FRIDAY-2018

I authorize __________________________ (School/Agency) to release the records of __________________________ (Child/Teen’s Name) to be used for assessment/treatment purposes for Fluency Friday. My child has my permission to participate in the assessment/treatment sessions. I understand that graduate students from the University of Cincinnati will be implementing this treatment under the supervision of licensed Speech-Language Pathologists. This covers release of records to include:

- Speech and Language evaluation
- Individualized Education Plan
- Other reports related to student

Signature of Parent/Legal Guardian______________________________

Date: ________ Phone #: __________ Home ___________ Work__________

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Throughout the year, the Fluency Friday team conducts training sessions for students and professionals on diagnosis and treatment of stuttering. Occasionally, photos and videos of FF activities are used in publications, training sessions or for promotion of FF. In order to do so, we need the consent of the parent/legal guardian to publish/utilize photos or videos of the student. Please read and sign only ONE area below.

I, being the parent/legal guardian of __________________________(Student) do hereby consent to and give the Fluency Friday Team the right to use photographs/videos for professional, educational, or publicity.

Date: ________ Parent/Legal Guardian _______________________________

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OR

I, being the parent/legal guardian of __________________________(Student) DO NOT want Photographs/videos used for professional, educational, or publicity.

Date: ________ Parent/Legal Guardian _______________________________