# Fluency Friday 2019

***An Intensive Treatment Program for Children/Teens Who Stutter***

Fluency Friday is an intensive one-day workshop. Students who stutter participate in individual and group therapy sessions, as well as participate and observe panel discussions. Throughout the day, parents attend presentations from local and national experts in the field of stuttering and have opportunities to ask questions. 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.

 

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

**Date: February 22, 2019**

**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: April Nelson,*** ***aprilm.nelson@cchmc.org******, 513-803-4707 or Robert Reichhardt,*** ***robert.reichhardt@cchmc.org,*** ***513-803-1176.***

# FLUENCY FRIDAY - 2019

**Friday February 22, 2019 – 8:00 a.m. – 4:30 p.m.**

**STUDENT REGISTRATION**

***\*\*\* Please register by January 15, 2019*** <https://foundation.uc.edu/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: $20 (Includes T-shirt and lunch) Adult/Parent Fee: $20 (Includes T-shirt and lunch)

Fees for students and adults cover Fluency Friday materials/facility, snacks, pizza lunch with drink/coffee and t-shirt.

| **Students/Adults Attending Fluency Friday** | **Fee** |
| --- | --- |
| **Number of students attending:** | **$20.00 X T Shirt size(s): CS, CM, CL, AS, AM, AL,****AXL (please circle)** |
| **Number of adults attending:** | **$20.00 X T Shirt size(s): CS, CM, CL, AS, AM, AL,****AXL (please circle)** |
| **Total Payment** | **$**  |
| **PREFERENCE is to register online:** <https://foundation.uc.edu/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 (addressed to UC foundation). Mail these forms to: April Nelson, Cincinnati Children’s Hospital, 5642 Hamilton Ave, Cincinnati, OH 45224***

\*\*DEADLINE TO REGISTER IS 1/15/19

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:

# RELEASE OF INFORMATION

**FLUENCY FRIDAY-2019**

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

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*OR\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

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

Date: Parent/Legal Guardian