

FLUENCY FRIDAY PLUS-11

Friday NOVEMBER 4, 2011 – 8:30 a.m. – 4:00 p.m.

Saturday NOVEMBER 5, 2011 – 8:30 a.m. – 12:00 p.m.

STUDENT APPLICATION

DATE: _____ Primary (K-3) _____ Elementary (4-6) _____ Jr. High (7-8) _____
High Sch. (9-12) _____ Young Adult (18+) _____

NAME: _____ D.O.B.: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: _____ HOME

_____ WORK

_____ CELL

_____ EMAIL

PARENTS: _____ SCHOOL: _____

SPEECH-LANGUAGE PATHOLOGIST: _____

Telephone #: _____ (work, home, cell: please circle)

_____ e-mail

PREVIOUS TREATMENT: WHERE? _____

HOW LONG? _____

HOBBIES/INTERESTS: _____

COMMENTS: _____

A fee of \$15.00 per person will include: Materials, Snacks, and Food for FFP.

Total Number Attending () x 15 = _____

Student(s) _____ Parents(s) _____ Others(s)

Make checks payable to **Fluency Friday Plus!**

LIMITED SCHOLARSHIPS ARE AVAILABLE BASED ON FINANCIAL NEED! PARKING IS FREE!

Please register early in order to allow the therapist time to plan treatment for your child/teen! Thanks!

PLEASE RETURN TO:

www.fluencyfriday.org

Diane C. Games, M.A., CCC/SLP
Tri-County Speech Associates, Inc.
430 Ray Norrish Dr., Cincinnati, OH 45246
(513) 671-7446 (f) 671-7448 © 532-3949

RELEASE OF INFORMATION

FLUENCY FRIDAY PLUS-2011

I authorize _____ (School/Agency) to release the records of _____ (Child/Teen's Name) to be used for assessment/treatment purposes for Fluency Friday Plus. My child has my permission to participate in the assessment/treatment sessions. I understand that graduate students from Bowling Green State University and 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 as needed

Date: _____ Phone #: _____ home _____ work _____
Signature of Parent/Legal Guardian

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 FFP activities are used in publications, training sessions or for promotion of FFP. 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 of the forms below.

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

Date: _____ Parent/Legal Guardian _____

* * * * *

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

Date: _____ Parent/Legal Guardian _____

COMMENTS: _____

Return to:

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