



## **Fluency Friday**

[www.cahts.uc.edu/csd](http://www.cahts.uc.edu/csd)

### ***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, SLP in 2001 and has developed into a collaborative community effort with faculty from the University of Cincinnati, Hamilton County Educational Service Center, and Cincinnati Children's Hospital. 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 20, 2015**

**Time: 8:00 am-4:30 pm**

**Location: Vineyard Community Church**

**11340 Century Circle East**

**Cincinnati, OH 45246**

**For more information or if you have questions please contact: Karen Rizzo, [karen.rizzo@cchmc.org](mailto:karen.rizzo@cchmc.org) 513-636-3548 or Robert Reichardt, [robert.reichardt@cchmc.org](mailto:robert.reichardt@cchmc.org), 513-803-1176**

**\*\*\*PLEASE REGISTER EARLY – WE ARE OPEN FOR 50 REGISTRANTS FOR FLUENCY FRIDAY 2015\*\*\***



**FLUENCY FRIDAY - 2015**  
**Friday February 20, 2015 – 8:00 a.m. – 4:30 p.m.**  
**STUDENT REGISTRATION**

\*\*\* Please register by February 1, 2015

[www.cahs.uc.edu/csd](http://www.cahs.uc.edu/csd)

DATE: _____	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: please circle): _____		SLP E-mail Address: _____	
COMMENTS: _____			

**Fee Information:**

Student Fee: \$30

Adult Fee: \$15

Fees for students and adults cover Fluency Friday materials/facility, snacks, and box lunch with drink/coffee.

Students/Adults Attending Fluency Friday	Fees
Number and Names of Students Attending	\$30.00 X
Number and Names of Adults Attending	\$15.00 X
Total Payment	\$

Make checks payable to: *Fluency Friday*

\*\*\* Mail Fluency Friday Application, Release of Information and payment to:

Robert Reichhardt

Cincinnati Children's Hospital Medical Center

MLC 4011, 3333 Burnet Avenue, Cincinnati, OH 45229-3026

\*\*\*PLEASE REGISTER EARLY – WE ARE OPEN FOR 50 REGISTRANTS ONLY FOR FLUENCY FRIDAY 2015\*\*\*

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-2015**

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 of the forms 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 use.

Date: \_\_\_\_\_ Parent/Legal Guardian \_\_\_\_\_

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

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

Date: \_\_\_\_\_ Parent/Legal Guardian \_\_\_\_\_

**\*\*\*PLEASE REGISTER EARLY – WE ARE OPEN FOR 50 REGISTRANTS FOR FLUENCY FRIDAY 2015\*\*\***

Mail to: Robert Reichhardt, Cincinnati Children’s Hospital Medical Center  
MLC 4011, 3333 Burnet Avenue  
Cincinnati, OH 45229-3026