



Fluency Friday

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 over 10 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 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 21, 2014

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 513-636-3548 or Robert Reichhardt, robert.reichhardt@cchmc.org, 513-803-1176



FLUENCY FRIDAY - 2014
Friday February 21, 2014 – 8:00 a.m. – 4:30 p.m.
STUDENT REGISTRATION

*** Please register by February 10, 2014

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: \$20

Adult Fee: \$10

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

Students/Adults Attending Fluency Friday	Fee
Number of students attending	\$20.00 X
Number of adults attending	\$10.00 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

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-2014

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 _____

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 _____

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