Western HealthSciences

School of Communication Sciences and Disorders
H.A. Leeper Speech & Hearing Clinic

Fluency Summer Day Camp – Registration Packet

Thank you for interest in the Ffuency Summer Day Camp. Please complete ŭKŜ ǊŜƎĂŭǊl-ŭĂƻƴ ŦƻǊY and submit a $50 deposit to complete your child's registration and to hold a camp spot. Instructions on how to submit the deposit are below.

Date: ___________________________ **Referred by:** ____

Child's Name: __________________________ __________________________
First Name Last Name

Date of Birth: ______________________ **Age:**______ **Gender:** ☐Female ☐Male ☐Other

Address: ____
Street Address City Postal Code

How did you hear about the Camp?

____

Parent/Legal Guardian Name:	**Parent/Legal Guardian First and Last Name:**
First **Last**	**First** **Last**
Primary Contact ☐ Secondary Contact ☐	Primary Contact ☐ Secondary Contact ☐
Relationship to Child: ______________________________	Relationship to Child: ______________________________
Home Phone: ____________________________________	Home Phone: ____________________________________
Cell Phone: ____________________________________	Cell Phone: ____________________________________
Work Phone: ____________________________________	Work Phone: ____________________________________
E-mail: ____	E-mail: ____
What is the best way to contact you? ☐ Home ☐ Cell ☐ Work ☐ Email	What is the best way to contact you? ☐ Home ☐ Cell ☐ Work ☐ Email

Emergency Contact Name: ____ Phone: ________________________________

A **$50 non-refundable** deposit must accompany this Registration Packet in order to hold a place for the child.

Please submit the completed Registration Package and the $50 Non-Refundable Deposit on or before the <u>Friday, the 21st of June, 2019</u> in one of the following ways:

By mail, or in person: Attention: The University of Western Ontario,
Elborn College – Room 1231C, 1201 Western Road, London, ON N6G 1H1
By Cheque: Payable to <u>Western University</u>
By Telephone: Dial: 519.661.2021 with a <u>Debit or Credit Card (Visa or MasterCard accepted)</u>
By facsimile: Dial 519.661.2042

The $350 remaining balance is due on the first day of Camp.
Your child will only be admitted to Fluency Camp when the balance is paid in full.

Speech, Language, Fluency and Stuttering Information

1. What prompted you to register the child for Fluency Camp?

2. Describe the child's speaking difficulty in your own words (please mention all areas of concern below):

3. At what age did the child start stuttering?

4. How has the child's speech changed since that time?

5. What seems to help the child when he or she is stuttering?

6. Has the child ever demonstrated any the below: (Select all that apply)

   Awareness of stuttering ☐ Yes ☐ No Physical tension during stuttering ☐ Yes ☐ No

   Frustration about speaking ☐ Yes ☐ No Complaints that s/he "can't talk" ☐ Yes ☐ No

   Please describe, if you selected yes to any of the options:

7. Has the child ever been teased about stuttering? ☐ Yes ☐ No If yes, describe below:

8. Has the child ever discussed his/her speaking difficulties with you? ☐ Yes ☐ No If yes, describe below:

9. Is there <u>any</u> history of stuttering in the family? ☐ Yes ☐ No If yes, describe below:

   Do any of the child's parents, brothers, or sisters stutter? _____

   Anyone on child's mother's side? _____ Anyone on child's father's side? _____

   Describe the relative(s)' stuttering below:

10. How would you rate your child's stuttering at its best and at its worst? **Check two boxes below.**

Very Mild			Moderate			Very Severe
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7

11. How does the child's stuttering affect his or her:
    Academic performance? _____
    Participation in school activities? _____
    Interaction with other children? _____
    Interaction with family members? _____
    Willingness to talk and communicate? _____
    Self-esteem or attitude toward self? _____

12. Has the child previously been assessed for speech/language concerns? ☐ Yes ☐ No
If so, describe:

13. Has the child received any prior speech/language therapy? ☐ Yes ☐ No

If so, where? _____ By whom? _____

For how long? _____ Focus of Treatment: _____

Results of Treatment:

14. Have any other family members had speech/language problems, other than stuttering? ☐ Yes ☐ No

    Indicate the person's relationship to the child and the nature of the problem.

15. Have you or the child ever known another person who stutters? ☐ Yes ☐ No
    If yes, who?

16. Please add any other information you think is relevant. Or, use this space to elaborate on some one of the answers above.

Medical History and Current Health Status

1. Was there anything remarkable about the mother's health during pregnancy or delivery?

2. Was there anything remarkable about the child's condition at birth?

3. Does the child have developmental concerns other than the speech/language problem? ☐ Yes ☐ No
   If yes, please describe below:

4. At approximately what age did your child begin to:

   Walk_____ Use words_____ Combine words_____

5. Has the child experienced ear infections? ☐ Yes ☐ No

   Approximately how often? ☐ Rarely ☐ Occasionally ☐ Frequently

   Has your child's hearing ever been tested? ☐ Yes ☐ No If yes, please explain:

   Results:

   Do you feel the child hears normally? ☐ Yes ☐ No If yes, please explain:

6. Indicate if the child has experienced the following medical problems. (Check all that apply)

   Chicken Pox ☐ Tonsillitis ☐ Vision Problems ☐ Pneumonia ☐ Headaches ☐

   High Fever ☐ Seizures ☐ Asthma ☐ Allergies ☐ Other: ☐

7. Describe illnesses, accidents, injuries, hospitalizations (include age/treatment):

8. What is the child's current health? ☐ Good ☐ Fair ☐ Poor

   Is the child currently taking any medication? ☐ Yes ☐ No

   If yes, which ones:

9. Does the child have any allergies (food, environmental, or other)? ☐ Yes ☐ No If yes, please explain below:

10. Does the child have any other medical diagnoses or concerns? ☐ Yes ☐ No If yes, please explain below:

11. What else do you think we should know about your child (e.g., hobbies, interests, social skills)?

Thank you!