



POSITIVE RESPONSES TO STUTTERING PROGRAM

Application Form for June 10, 2024 – June 14, 2024

9:00 am – 3:00 pm

Application Deadline May 31, 2024

Participant's name _____ Age _____ DOB _____ Gender _____

Parents/Guardian (if under 18) _____

Address _____ City/State/Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email address _____

Emergency Contact _____ Phone Number _____

Relationship to participant _____

Adults permitted to pick up participant (if under 18)

- | | |
|---------------|--------------------|
| 1. Name _____ | Phone Number _____ |
| 2. Name _____ | Phone Number _____ |

Please list any medical conditions/impairments and current medications. NOTE: We will NOT administer any medications. (Exception: asthma inhaler)

Please list any food allergies or diet restriction

Communication/Language

Have you ever been diagnosed with a communication disorder or delay other than stuttering?

What is the primary diagnosis (if applicable)?

Is there a secondary diagnosis? _____ Describe: _____

Who made the diagnosis? _____

Have you ever received stuttering therapy? YES NO

 If yes, where and for how long _____

 If yes, please describe treatment received

Are you able to read at age level? YES NO

 If no, please explain _____

Please tell us what you would like to gain from your experience in PRSP?

Please indicate any of the following conditions for which the participant has been diagnosed.

- _____ Learning disability
- _____ Intellectual disability
- _____ Seizures
- _____ Autism
- _____ ADHD/ADD
- _____ Insomnia
- _____ Obstructive Sleep Apnea
- _____ Any other developmental delay

Please be aware:

- If enrolled in the program, you should plan to attend all 5 days. The fee of \$500 covers the full program. **No refunds or concessions will be made for missed days.** Lunch is not provided, so please arrange to pack a lunch each day (We will eat together as a group).
- Payment in full is due by the start of the program.
- There may be funding available for financial assistance with program fees. **We will consider applicants regardless of their ability to pay fully for the program.** Arrangements will be discussed prior to the start.

To complete the application process, please fill in and sign the section below.

I, _____ would like to enroll in the PRSP – Positive Responses to Stuttering Program. I understand that acceptance is based on meeting eligibility requirements. I understand that no refunds will be given if I do not attend PRSP in its entirety, and the total payment for the program is due by June 10, 2024. I understand that I may be asked to provide documentation of previous speech-language evaluations, if relevant.

Signature of Participant or Parent/s or Guardian of Participant (if under 18):

_____ **Date:** _____

____ Please check here if you will be requesting financial assistance.

Once the application is complete, please return it to the email address or physical address below:

Patrick M. Briley, PhD, CCC-SLP
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252-744-6092

Please call or email with any questions:

Phone: 252-916-0021

Email: brileypa@ecu.edu