



# POSITIVE RESPONSES TO STUTTERING PROGRAM

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**Application Form for June 9, 2025 – June 13, 2025**

**9:00 am – 3:00 pm**

**Application Deadline May 31, 2025**

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)

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Please list any food allergies or diet restriction

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**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 9, 2025. 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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Greenville, NC 27834  
brileypa@ecu.edu  
252-744-6092

**Please call or email with any questions:**

Phone: 252-916-0021

Email: brileypa@ecu.edu