

VANDERBILT BILL WILKERSON CENTER
PEDIATRIC SPEECH-LANGUAGE PATHOLOGY

Camp TALKS Application
June 5-9, 2017

Camp TALKS is a summer day camp for children who stutter and are between the ages of 8-16 years old and their families. **The camp costs \$500 for the week. A limited number of scholarships are available upon qualification.** Your child's most recent Evaluation Report, IEP, and/or Treatment Summary are required. If your child hasn't been evaluated, you can arrange one through your child's school or with us.

Full Name of Child: _____

Male/Female DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Father's/Guardian's Name: _____ Phone: _____

Mother's/Guardian's Name: _____ Phone: _____

Email address: _____

Preferred Contact Person: _____

Preferred Contact Phone and/or E-mail Address: _____

Language(s) spoken in the home: _____

Will your child need an interpreter (and for what language)? _____

Will you need an interpreter (and for what language)? _____

Date stuttering started: _____

Date child was first evaluated for stuttering: _____

Has your child been evaluated at the Vanderbilt Bill Wilkerson Center? _____

Treatment: (Please describe the treatment your child has received for stuttering including the length of treatment): _____

Date of Most Recent Evaluation of Stuttering: _____

Describe Family History of Stuttering (e.g, parent, grandparent, sibling, etc. and whether they still stutter or outgrew it): _____

Name of Child's School: _____ Current Grade Level: _____

Performance level: _____ Average _____ Below Average _____ Above Average

Describe any special assistance or help provided in the educational setting: _____

Does your child have any other diagnoses besides stuttering? If so, please list and describe current treatment, if any (e.g., medication, therapy, etc.): _____

Does your child display any behaviors that concern you? _____ Yes _____ No

If yes, please describe: _____

Does your child have any special needs, allergies, diet restrictions, etc.? If yes, please describe: _____

A limited number of scholarships are available. If would you like to be considered for a scholarship, please email Elizabeth Robinson at elizabeth.robinson@vanderbilt.edu.

Please mail/fax the complete application along with your child's most recent Evaluation Report, IEP, and/or Treatment Summary to:

Jack Henderson
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