

The University of Utah Stuttering Treatment and Research Program

Registration for the *Intensive Stuttering Clinic (ISC)*

Name: _____

Mailing Address: _____

Telephone: _____

Email: _____

Birth date: _____ Age: _____

Occupation / Place of employment: _____

Background Information:

1. Please circle your perceived level of stuttering severity:

Very Mild --- Mild --- Mild-Moderate --- Moderate --- Moderate-Severe --- Severe --- Very Severe

2. Are there other individuals in your family background or immediate family who stutter?

3. Give the approximate age at which your stuttering was first noticed. _____

4. Do you associate any situations or conditions with the onset of your stuttering? If yes, please describe.

5. Has your stuttering always been the same or has it changed over time? Please explain:

6. Have you previously received speech therapy for your stuttering? Please list and describe any therapy you have received, and if you can remember, where it was received and who the speech-language pathologist (speech therapist) was that you worked with:

a. _____

b. _____

c. _____

d. _____

7. Have you previously tried any other therapy for your stuttering such as medication, or alternative therapies such as hypnosis or acupuncture? Please explain:

8. Have you found any form of therapy for your stuttering to be helpful in either decreasing your stuttering and/or helping you to manage it? Please explain:

9. Are there any speaking situations that are particularly difficult? If so, please describe.

10. Are you currently avoiding particular speaking situations or particular people because of your stuttering? Please explain.

11. Do you feel that stuttering interferes with your career? _____ Social relationships? _____ Success in school? _____ Success on the job? _____ Daily life? _____

11. What are your main concerns about your stuttering?

12. What are your goals for the stuttering program?

Payment Information

- The *ISC* program fee is \$1700. The fee includes approximately 60 hours of treatment, the program manual, analog stopwatch, and home practice CDs.
- A \$200 registration deposit is required of all participants.
- Full payment is requested on or before the first day of the clinic.
- If required, payment plans are available.
- Please make payment to the “Dept. of Communication Sciences & Disorders.”
- If for any reason, you are unable to attend the program, the entire deposit and/or program fee will be refunded.

Please check the applicable box:

- My refundable \$200 deposit is enclosed. I am applying for financial aid as outlined below.
- My refundable \$200 deposit is enclosed. I will be paying the remaining \$1500 on or before the first day of the clinic.
- The entire program fee of \$1700 is enclosed.

Signature: _____ Date: _____

Fee Reduction Scholarships

- Some fee reduction scholarships are available as well as some limited travel awards. These scholarships are paid through private donations to the *Intensive Stuttering Clinic*.
- Scholarship monies are based on financial need.
- The \$200 deposit is obligatory and is not waived by receiving a scholarship.
- *In order to be considered for a fee reduction scholarship, a letter explaining your specific situation is required.*

- Check the box if you wish to be considered for financial aid (remember to include request letter).

If you have any questions, please do not hesitate to contact Dr. Michael Blomgren at 801-585-6152 or by email at Michael.Blomgren@health.utah.edu.

Mail completed registration form to:

**Intensive Stuttering Clinic
Dept. of Communication Sciences & Disorders
The University of Utah
290 S. 1530 E., Rm 1201 BEH SCI
Salt Lake City, UT 84112-0252**