



The Northwest Center for Fluency Disorders Interprofessional Intensive Stuttering Clinic (NWCDFD-IISC)

Training: July 26 – 28, Clinic: July 28 – August 10, 2019

Name: _____

Current University/Workplace: _____

Location (city, state): _____

What is your field of study or profession? _____

Classification: Graduate student _____ (Please indicate which; CSD __, Counseling __)

Post-baccalaureate student _____ Undergraduate student (seniors only) _____

Professional _____

T-shirt size: _____ (Adult S, M, L, XL, XXL) Style: Male _____ Female _____

Address: _____ City, State, Zip: _____

Phone: () _____ E-mail: _____

EMERGENCY CONTACT:

Name & Relationship: _____ Phone Number: _____

Address: _____

EDUCATION:

Undergraduate Institution: _____

Year of Graduation: _____ Major: _____ GPA: _____ GPA in the major: _____

Graduate Institution: _____

Year of Graduation: _____ Major: _____ GPA: _____

Have you worked at this or another camp? Yes No (indicate one): (2 most recent experiences)

When? _____ Where? _____ Type of Camp: _____

When? _____ Where? _____ Type of Camp: _____

WORK EXPERIENCE: (3 most recent positions)

Company	Position/Responsibilities	Dates of Employment	Contact Person
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

We understand that most people don't have much experience with People who Stutter. We need your honest responses so we can best pair you with a client, should you be selected.

Please answer the following questions to the best of your ability (use separate pages if desired):

1. What experiences have you had with people who have difficulty communicating verbally?
2. Explain your interest in participating as an IISC-Clinician.
3. List your strengths related to working with people who have difficulty communicating.
4. Explain any concerns you may have about being a IISC clinician.
5. What do you hope to learn from this intensive experience?