The Northwest Center for Fluency Disorders 

Interprofessional Intensive Stuttering Clinic (NWCFD-IISC)

Training: July 22 – 25, Clinic: July 27 – August 8, 2020

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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?