

VANDERBILT BILL WILKERSON CENTER  
PEDIATRIC SPEECH-LANGUAGE PATHOLOGY

**Camp TALKS Application**

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](mailto: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:**

Keli Lawrence  
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