



Adult/Teen Application Form

- for applicants 12 years of age and over -

Name: _____ Birthdate: _____
(day/month/year)

Sex: F M

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone (home): _____ (work): _____
(include area code) *(include area code)*

Preferred Contact Method: _____ E-mail address: _____

How did you hear about us? _____

TEENAGED APPLICANTS (12-17 years) - complete sections I and III below
ADULT APPLICANTS (18 & older) - complete sections II and III below

SECTION I - *(Teenagers complete this section)*

PARENTS OR GUARDIANS

Relationship to child, if Guardian: _____

	<u>Mother</u>	<u>Father</u>
Name:	_____	_____
Address: (if different from above)	_____	_____
	_____	_____
Phone (home):	_____	_____
(work):	_____	_____
(cell):	_____	_____
Fax:	_____	_____
E-mail:	_____	_____

FAMILY AND SCHOOL

Names and ages of brothers and sisters: _____

Twin sister: Twin brother: Identical: Fraternal:

Twin brother or sister stutters: Yes No

School you attend: _____ Grade: _____

Overall school performance: Good Fair Poor

Extracurricular activities, hobbies: _____

Hand preference: Left Right Preference has switched

SECTION II - (Adults complete this section)

Place of employment: _____

Type of employment: _____

Level of schooling last completed: _____ Date: _____

Marital status: Single Married Divorced Separated

Name of spouse: _____

Names of children: _____

Special interests: _____

Twin sister: Twin brother: Identical: Fraternal:

Twin brother or sister stutters: Yes No

Hand preference: Left Right Preference has switched

SECTION III - (Both adults and teenagers complete this section)

MEDICAL

Family Physician: _____

Address: _____

Hospitalizations: No Yes Place: _____

Reasons for hospitalization: _____

In what years: _____

Medical or psychiatric problems for which you have received or are now receiving treatment: _____

Medication you are taking: _____

Reason: _____

LANGUAGE BACKGROUND

Mother tongue: _____

Other languages spoken: _____

Learned: (places): _____

(dates): _____

SPEECH HISTORY

Age at which stuttering first began: _____ (*in years and months*)

Presumed cause of stuttering: _____

Stuttering first noticed by: _____

Relatives, close or distant, who stutter: _____

Reaction of family and friends to your stuttering: _____

How has your stuttering changed: _____

Situations in which your stuttering worsens: _____

Sounds which you find especially difficult: _____

Words or situations you avoid: _____

Your classification of your stuttering: (*select appropriate number*)

- 1
mild
- 2
- 3
- 4
moderate
- 5
- 6
severe
- 7
- 8
very severe
