ABOUT CAMP

Camp Communicate on Campus is a 5-day summer camp for children ages 5-12. Campers will be paired with graduate student clinicians from the department of audiology and speech-language pathology who will tailor enrichment activities to each child's communication level.

OUR MISSION

Our mission at Camp Communicate on Campus is to provide a fun, social, and educational experience filled with exciting indoor and outdoor activities. These activities will focus on the enrichment and improvement of communication, literacy, and physical activity skills.

FOR MORE INFORMATION

Contact Kathy Shelby at the UNT Speech and Hearing Center
(940) 565-2262 or email questions to: sphs-gsaoffice@unt.edu

COMPLETION OF REGISTRATION

Fee for Camp Communicate on Campus is $100. This includes the cost of all activities, snacks, and a T-shirt. Registration ends on Friday, May 18. Late registration is $125 and will be accepted through the first day of camp.

This form must be completed in its entirety and returned with full payment to enroll your child in Camp Communicate on Campus.

Completed forms may be returned via:
Email: kathy.shelby@unt.edu
Fax: 940-369-7702
Mail: 1155 Union Circle
Box 305010
Denton, TX 76203-5017

CAMP
COMMUNICATE ON CAMPUS

Sponsored by:
University of North Texas Speech and Hearing Center

June 4-8, 2018
8:30-11:30 a.m.

Location:
Pohl Recreation Center
1900 Chestnut Street
Denton, TX 76201
APPLICATION

GENERAL INFORMATION

Name: __________________________
DOB: ___________ Age: _______
Parent’s Name:___________________
Address:________________________
________________________________
Phone:__________________________
Email:___________________________

Emergency Contact
(name/relationship/phone number)
1. ______________________________
2. ______________________________

MEDICAL INFORMATION

Has your child ever been diagnosed with the following?
_____Speech or Language Disorder
_____ADD/ADHD
_____Auditory Processing Disorder
_____Cranial Facial Abnormalities
_____Autism Spectrum Disorder
_____Intellectual Disability
_____Other:
________________________________

*If so, please fill out the included insert

Is your child on any medications?  Y / N
Medications:________________________
________________________________

Does your child have allergies?  Y / N
If Yes, to what?
________________________________

Does your child have restrictions in feeding
or drinking?  Y / N
If Yes, what? __________________________

Mobility information including wheelchair
use:
__________________________________

Does your child have a history of seizures?  Y / N

Does your child have bowel control?  Y / N

SOCIAL INFORMATION

What school does your child attend?
__________________________________

Current grade: _____________________

My child...

Communicates using:_________________
__________________________________

If AAC, describe: ___________________
__________________________________

Loses interest in communication when:
__________________________________

Is able to follow simple verbal commands
and directions?  Y / N

Is frustrated with communication when:
__________________________________

Has difficulty controlling behavior:  Y / N
which is demonstrated by:
__________________________________

My child is motivated by:
__________________________________

___________________________________

T-Shirt Size:
Child: S  M  L  XL
Adult: S  M  L  XL  XXL
Please fill out this insert if it is applicable to your child

Has your child ever been evaluated, diagnosed or treated for a speech/language problem?  Y / N

If Yes, when? ____________________________

Where? ____________________________

Please list your child's current speech language or hearing diagnosis:

________________________________________________________________________

Are they receiving speech services?  Y / N

If Yes, where? ____________________________

Please summarize his/her current communication goals:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

*if applicable, please attach most recent IEP or therapy plan and evaluation report.