

## 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](mailto:kathy.shelby@unt.edu)

Fax: 940-369-7702

Mail: 1155 Union Circle  
Box 305010  
Denton, TX 76203-5017



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**EST. 1890**

# 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. \_\_\_\_\_

T-Shirt Size:  
Child: S M L XL  
Adult: S M L XL XXL

## 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:

\_\_\_\_\_

\_\_\_\_\_

**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.