

CAMP CHAT COMMUNICATION HABILITATION VIA AUDITION FOR TEENS

What is Camp CHAT?

Camp CHAT isa weekend retreat for teens with hearing loss and their families. Campers will engage incommunication activities using the latest digital wireless microphones and technology. Depending on the camp location, campers will also have the opportunity to participate in challenge games, putt putt golf, team building, horse back riding, new friendships, crafts, hammock relaxing and campfire excitement. Camp is conducted by a licensed audiologist with the support of graduatestudent clinicians.

Teens: Teens just like you who want to have a fun day meeting new friends and a fun opportunity to try wireless technology!

Siblings: Brothers and sisters ages 5+ will have just as much fun with their own special activities.

Parents: You will be amazed at what your child can do! At least one parent must attend.

Coaches: UT Dallas audiology graduate students will host a high-energy weekend of fun and will guide and facilitate discussions.



When:

March 25-27, 2022 Friday at 6:30 p.m. - Sunday at 11:00 am

Where:

Ascend Camp and Retreat Center 5218 Kiwanis Rd Dallas, TX 74236 www.ascendtexas.com

Cost:

\$200 for 1 teen and 1 parent + \$50 for additional parent/sibling

Contact:

Linda Thibodeau thib@utdallas.edu | 972.898.3463

Callier Center for Communication Disorders

The Callier Center for Communication Disorders helps people communicate throughout their lives — to hear and be heard, to understand and be understood. For more than 50 years we have provided treatment, training and research to help people of all ages hear, speak and connect with others.

1966 Inwood Road | Dallas, Texas 75235 | 214.905.3030 | utdallas.edu/calliercenter 2895 Facilities Way | Richardson, Texas 75080 | 972.883.3630



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Registration Form

Space is Limited. Register Today!

To register, send completed form to:
Callier Center for Communication Disorders
c/o Linda Thibodeau
2895 Facilities Way, Richardson, TX 75080

Teen's Name		Date of Birth	
Sibling #1		Date of Birth	
Sibling #2	Date of Birth		
Parent/Guardian Name			
Address	City	State	Zip Code
Phone Number		Email Address	
Does the teen wear a hearing aid?	Manufacturer?	Model?	
Does the teen wear a cochlear implan	t or other device?	Manufacturer?	Which ear?
What is his/her primary mode of com	munication? Oral	Total Communic	cationASL
Are there any special accommodation	s for the teen, sibling.	or parent/guardian? (Di	etary/physical restrictions