



## **Chatter Matters! Communication Camp**

*Helping non-verbal camperren with augmentative and alternative communication devices become better communicators*

**June 16<sup>th</sup>- 19<sup>th</sup>, 2022**

**University of Wisconsin-Whitewater, Whitewater, WI**

### **2022 Camper Application Form**

**Application Deadline: 12:00 p.m. (CST) on January 24th, 2022**

#### **Application Checklist:**

- Camper Application Form (*pages 2-6*)
- Agreement Form (*page 7*)
- Speech-Language Pathologist Form (*pages 8-9, can be emailed separately*)

You may attach additional pages if necessary. Please consult your camper's Speech-Language Pathologist for assistance in completing questions relating to their communication device.

**Please note:** Your camper's Speech-Language Pathologist may choose to send pages 8-9 of the application directly to UW-Whitewater; these pages do not need to be sent with the main application.

#### **Please return completed application to:**

UWW Department of Communication Science and Disorders at:  
[chattermatters@uww.edu](mailto:chattermatters@uww.edu)

#### **Or via snail mail:**

Chatter Matters! Communication Camp  
UW-Whitewater Communication Sciences and Disorders  
800 West Main Street, Roseman 1037  
Whitewater, WI 53190

**Applications will be accepted until January 24th, 2022 no later than 12:00 p.m. (CST).  
Applicants will be notified by February 11th, 2022 if they have been selected to attend camp.**

Please direct questions to the UWW Department of Communication Science and Disorders  
at (262) 472-1301 or email: [chattermatters@uww.edu](mailto:chattermatters@uww.edu)



## Chatter Matters! Communication Camp

*Helping campers with augmentative and alternative communication devices and their family members become better communicators*

June 16<sup>th</sup>- 19<sup>th</sup>, 2022

University of Wisconsin-Whitewater, Whitewater, WI

### Camper Application

#### Camper Information

Camper's Name: \_\_\_\_\_ Gender Identity: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: / /

Camper's Diagnosis:

Areas of Special Need:

Please provide any significant medical information for this camper (e.g., seizures, medications, etc):

Camper Dietary Restrictions:

Allergies:

Camper Tee Shirt Size: Youth S M L XL Adult S M L XL

**Chatter Matters' camp requires at least one parent or guardian to attend camp to help support the participant.**

Adult Name(s):

Address:

City:

State:

Zip code:

Home Phone:

Work Phone:

Cell Phone:

Cell Phone (2):

Email Address:

Family's Primary Language:

School Name:

Name of the Speech-Language Pathologist at school:

Phone:

Email:

Name of person completing the form:

Relationship to the camper:

Phone:

Email:

### **Communication Device Questions**

What high-tech augmentative communication device does your camper currently use? [e.g., laptop computer, Tobii Dynavox, iPad with AAC app (please specify the application used), Proloquo2Go, Vantage Lite, etc.]

When did the camper begin using the device?

Does the device belong to the... camper?      School?      Therapist?      Other?

If the device does not belong to the camper, can the device be borrowed for use during camp?

Yes      No      Not sure

What does the overlay/page design on the device look like (e.g., 8 pages, 32 pictures per page)?

What method is being used for access (e.g., finger pointing, switch)? Please be specific.

Where does the camper use the device?    Home      School      Community      Other:

How often is the device used?

For what situation does the camper use their communication device?

- Asking questions
- Answering questions
- Expressing needs (bathroom, hungry, pain, etc)
- Expressing feelings (happy, sad, frustrated, etc)
- Expressing opinions (selecting games, food choices, etc)
- Other:

For which situations, activities, or purposes is the communication device most often used (e.g., for conversational communication, for specific school activities, etc.)?

Please explain your camper's use and proficiency of the device and any support needed:

What other communication systems does the camper use (e.g., low tech technology systems such as picture boards, etc)?

Does the student have any difficulties when using the device? If so, what are they?

**Please rate the following on a scale of 1 to 5, where 1 is low and 5 is high:**

- How **comfortable** is the **camper** using their communication device?  
1                      2                      3                      4                      5
- How **skilled/proficient** is your **camper** using their communication device?  
1                      2                      3                      4                      5
- How **comfortable** is/are the **sibling(s)** using the communication device?  
1                      2                      3                      4                      5
- How **skilled/proficient** is/are the **sibling(s)** using the communication device?  
1                      2                      3                      4                      5
- How **comfortable** are **you** (adult) **using** the communication device?  
1                      2                      3                      4                      5
- How **skilled/proficient** are **you** (adult) **using** the communication device?  
1                      2                      3                      4                      5
- How **comfortable** are **you** (adult) at **programming** the communication device?  
1                      2                      3                      4                      5
- How **skilled/proficient** are **you** (adult) at **programming** the communication device?  
1                      2                      3                      4                      5

Please tell us anything that would be helpful to know about the camper's device/system use.

## Camper Questions

The camper is:                      Independent                      Needs Assistance

Please describe the camper's mobility/gross motor/fine motor skills:

Does your camper use:

Power Wheelchair                      Manual Wheelchair                      Walker                      Cane/Crutch

If the camper uses a wheelchair, is the communication device mounted to the chair?                      No                      Yes

Please describe the types of social/recreational settings the camper attends (e.g., scouts, church)

## Camper/Family Goals

What are you hoping your camper gains from the camp experience as it relates to his/her communication?

What are you hoping your camper gains from the camp experience not relating to his/her communication?

What is your camper hoping to gain from the camp experience?

What is/are your camper's sibling(s) hoping to gain from the camp experience?

What are you (parent/guardian) hoping to gain from the camp experience?

## Parent Learning Sessions

During camp, we offer a number of parent-learning sessions. What topics would you be interested in or like to learn more about?

Transitions (starting school, puberty, etc)  
Options after school (work, living arrangements, etc)  
Behavior/Motivation  
Guardianship process  
Device Programming  
Advocacy

Respite Care  
Funding Resources  
Support Groups  
Financial Planning  
Facilitating AAC Communication

Other:

## Other Attendees

**At least one parent/guardian must attend the full camp with the camper.** Unless the camper and one parent/guardian are able to attend the full camp your application will not be considered. The same parent/guardian must attend the **entire** camp. Additional family members, including siblings up to 16 years old may attend. A maximum of six (6) people per family unit may attend (camper plus designated parent/guardian and up to 4 additional immediate family members).

**\*\*ALL PARTICIPANTS MUST STAY ON SITE FOR THE DURATION OF CAMP\*\***

For **Variety families from Wisconsin**, up to two additional family members (besides the AAC user) may attend camp for free. Each additional family member will be charged \$250. To become a Variety family, please contact Dua Vang-Ramirez at [dua@varietywi.org](mailto:dua@varietywi.org) or 262-777-2090, ext 108.

For **families from outside of Wisconsin**, participants will be charged \$400 per person.

Please provide the following information for all family members that will attend camp, other than your camper, including the parent/guardian required to be present throughout the camp.

Name: Gender: Age at Camp:

Relationship to applicant:

Adult/Sibling Dietary Restrictions:

Allergies:

**Sibling** Tee Shirt Size: Youth S M L XL Adult S M L XL

Name: Gender: Age at Camp:

Relationship to applicant:

Adult/Sibling Dietary Restrictions:

Allergies:

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Name:

Gender:

Age at Camp:

Relationship to applicant:

Adult/Sibling Dietary Restrictions:

Allergies:

**Sibling** Tee Shirt Size: Youth S M L XL Adult S M L XL

Name:

Gender:

Age at Camp:

Relationship to applicant:

Adult/Sibling Dietary Restrictions:

Allergies:

**Sibling** Tee Shirt Size: Youth S M L XL Adult S M L XL

### **2022 Chatter Matters! Agreement Form**

I understand that completing this application does not guarantee that the camper will be selected to attend camp. By signing my name and dating this authorization, I hereby confirm the accuracy of the information provided above. In addition, by signing this form I further agree to the following:

#### **Contact with Speech-Language Pathologist**

I understand that parents and Speech Language Pathologists (SLP) may be interviewed prior to campers being selected to attend camp. By signing below, I give permission to graduate clinicians, staff, or volunteers of University of Wisconsin-Whitewater to discuss the camper's communication and other needs with the camper's SLP.

**Questionnaire and Surveys**

I understand that if selected to attend camp, I will be asked to complete a pre-camp questionnaire and medical form which help to determine the camper’s communication and other needs to be addressed during camp. I further understand that I will be asked to complete a pre- and post-camp survey and a follow up survey a few months after the completion of camp. By signing below, I agree to complete these questionnaires and surveys relating to the camp experience.

**Background Check**

In order to provide a safe and healthy environment for camperren, I understand that the University of Wisconsin-Whitewater will review relevant public documents regarding criminal activity of any person who is in contact with camperren, including volunteers, parents and other adults attending camp. The University of Wisconsin-Whitewater reserves the right to conduct background checks on all adults attending camp. If any of the attendees listed on page 6 of the application have any crimes against camperren, they will not be allowed as an attendee to Chatter Matters! Communication Camp. In addition, I understand that certain other crimes may also bar a person from attending.

By signing below, I grant the University of Wisconsin-Whitewater permission to do a background check, as deemed necessary. I also release the University of Wisconsin-Whitewater, its employees, representatives and such individuals or organizations from all liability for any damage whatsoever incurred in obtaining or furnishing such information.

**\$250 Camp Deposit**

If selected to attend Chatter Matters! Communication Camp, a deposit for \$250.00 will need to be mailed to UW-Whitewater, Continuing Education Services, Roseman 2005, 800 W Main Street, Whitewater, WI 53190 and made out to UW-Whitewater in order to hold a family’s place for camp. The \$250 will be applied to the fee associated with additional family members’ attendance or it will be reimbursed at the conclusion of camp if no payment is required. Families will be notified to submit a deposit to confirm their enrollment and will have two weeks to submit payment. If we do not receive the deposit payment in two weeks, we will contact the next registrant on the waitlist and the family will be removed from the accepted attendees list. If families need more time to pay, email **cesevents@uww.edu**. Cancellation is required in writing by emailing **cesevents@uww.edu** on or before May 1st, after which time the deposit becomes nonrefundable. Final payments for families bringing additional members are also due May 1st.

**Camp Attendance & Activities**

I understand that if selected to attend camp, one adult parent/guardian will be required to attend the entire camp duration with the camper, including overnights. I understand that some camp activities take place outdoors, may be physical in nature and may not be suitable for the camper and/or siblings.

**Photographs and Videos**

I understand that the University of Wisconsin-Whitewater and Variety the Children’s Charity of Wisconsin may take photographs and/or videos of event participants and activities. I agree that the University of Wisconsin – Whitewater and Variety the Children's Charity of Wisconsin shall be the owners of and may use such photographs and/or videos relating to the promotion of future events. I relinquish all rights that I may claim in relation to use of said photographs and/or videos.

\_\_\_\_\_  
*Parent/Legal Guardian Name*

\_\_\_\_\_  
*Parent/Legal Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Legal Guardian Name*

\_\_\_\_\_  
*Parent/Legal Guardian Signature*

\_\_\_\_\_  
*Date*



# **UW-Whitewater's Chatter Matters! Communication Camp**

*Helping camperren with augmentative and alternative communication devices and their family members  
become better communicators*

**Pages 8-9 to be completed by your camper's Speech-Language Pathologist  
Please return this section by 12:00 p.m. (CST) by January 24th, 2022\*:**

UWW Department of Communication Science and Disorders at:  
[chattermatters@uww.edu](mailto:chattermatters@uww.edu)

## **Or via snail mail:**

Chatter Matters! Communication Camp  
UW-Whitewater Communication Sciences and Disorders  
800 West Main Street, Roseman 1037  
Whitewater, WI 53190

\*This form does **not** need to be sent with the main camper application;  
applications cannot be accepted without this information.

Camper's Name:

Speech-Language Pathologist Name:

Title:

Place of Employment:

Phone:

Email:

How long have you worked with this camper?

How does the camper interact with other people?

Does the camper have perseverative behaviors? If so, please describe.

Does the camper have any sensory needs? If so, please describe.

Do these behaviors/sensory needs interfere significantly with the camper participating in their daily routines and activities?

Chatter Matters! Communication Camp is intended for children and their families to learn to use a communication device and incorporate it into their everyday life. Therefore, it is important that camp be appropriate not only for the camper to attend, but for the family as well. In what ways do you feel the camper's family would benefit from camp?

In the past, we have had families who registered for camp, but who did not attend camp and cancelled their acceptance without any notice. Do you have any concerns about the camper's family attending camp? If so, please explain.

### **Speech-Language Pathologist Letter of Recommendation**

Please explain why you feel Chatter Matters! Communication Camp would be beneficial for this camper. Please discuss how the camper currently uses their AAC device. Any challenges in communication, and any goals you feel should be considered at camp. Feel free to use additional paper for the letter or recommendation or to further answer any of the questions on the previous page.

By signing below, I hereby confirm the accuracy of the information provided above. I agree to communicate with the UW-Whitewater Communication Disorders Department and/or volunteers regarding the camper's communication needs, behavior, and other issues.

*Printed Name*

*Signature*

*Date*