What is Camp CHAT?
Camp CHAT is a weekend retreat for teens with hearing loss and their families. Campers will engage in communication activities using the latest digital wireless microphones and technology. Depending on the camp location, campers will also have the opportunity to participate in traditional camp activities such as a challenge course, trail biking, swimming, ziplining, fishing, hammock relaxing and campfire excitement. Camp is conducted by a licensed audiologist with the support of graduate student 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 6+ 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 8 - 10, 2019
Friday at 6:30 p.m. - Sunday at 1:00 p.m.

Where:
Briarwood Retreat Center
70 Copper Canyon Road | Argyle, Texas 76226

Cost:
$150 for 1 teen and 1 parent +
$50 for additional parent/sibling

Contact:
Linda Thibodeau
thib@utdallas.edu | 972.883.3463

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
Registration Form

Space is Limited. Register Today!

To register, send completed form to:
Callier Center for Communication Disorders
c/o Linda Thibodeau
811 Synergy Park Blvd., 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 implant or other device? ____ Manufacturer? ___________ Which ear? ________

What is his/her primary mode of communication?   Oral________Total Communication_______ASL_______

Are there any special accommodations for the teen, sibling, or parent/guardian? (Dietary/physical restrictions?)

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________