

CAMP CHAT Communication Habilitation Via Audition for teens

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 6 - 8, 2020 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



CALLIER CENTER For communication disorders

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	
bling #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 of	or other device?	Manufacturer?	Which ear?
What is his/her primary mode of comm	nunication? Oral	Total Communica	tionASL
Are there any special accommodations	for the teen, sibling	, or parent/guardian? (Die	tary/physical restrictions?)

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