



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 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 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 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: April 11-13, 2025

Friday at 6:30 p.m. - Sunday at 11:30 a.m.

Where: Camp Copass 8200 E., McKinney Street
Denton, Texas 76208, www.campcopass.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 | 972.883.3000 | utdallas.edu/calliercenter
2895 Facilities Way | Richardson, Texas 75080 | 972.883.3660



Registration Form

Space is Limited. Register Today!

To register, email this form to: Linda Thibodeau, PhD, thib@utdallas.edu
Callier Center for Communication Disorders
2895 Facilities Way, Richardson, Texas 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?)

