



Variety's Chatter Matters! Communication Camp

Helping non-verbal children with physical disabilities become better communicators

June 22nd – 25th, 2017
Wesley Woods – Williams Bay, Wisconsin

2017 Camper Application Form Application Deadline: March 15, 2017

Application Checklist

- Camper Application Form (pages 2-7)
- Agreement Form (page 8)
- Speech Language Pathologist Form (pages 9-10, can be mailed separately)
- Video clips of child using AAC device in various settings (e.g., in classroom, at home, with peers, responding to questions, etc.). Video should be no more than 5 minutes in length and should be emailed to taimi@varietywi.org. **You may need to ask your child's Speech Language Pathologist for assistance with creating the video clips.** Please contact taimi@varietywi.org if you have questions or challenges with sending a video.

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

Please note that the child's Speech Language Pathologist may choose to send Pages 9-10 of the application directly to Variety; these pages do not need to be sent with the main application.

Please return completed application to:
Chatter Matters! Communications Camp
Variety – The Children's Charity of Wisconsin
12425 Knoll Road, Suite 110
Elm Grove, WI 53122

Applications will be accepted until March 15, 2017
Applicants will be notified in spring if they have been selected to attend camp.

Please direct questions to Taimi Parey at 262-777-2090 or taimi@varietywi.org



ChatterMatters!



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Camper Application

Please print neatly and answer **all** questions.

Camper Information

Child's Name: _____ Gender: _____ Age: _____ Birth date: ____/____/____

Child's Diagnosis: _____

Areas of Special Need: _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email Address: _____ Family's Primary Language: _____

School Name: _____ City: _____

Speech Language Pathologist Name: _____

Place of Employment: _____

Phone: _____ Email: _____

Name of person completing form: _____

Relationship to child: _____

Phone: _____ Email: _____

Communication Device Questions

What high-tech augmentative communication device does the child currently use? (e.g. laptop computer, Dynavox, iPad with AAC App (please specify the application used), Vantage Lite, etc.)

When did the child begin using this device? _____

Does the device belong to Child School Therapy Other _____

If the device does not belong to the child, 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 locations, 32 pictures)?

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

Where does the child use the device most? Home School Community Other _____

How often is the device used? _____

For what situations does the child 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 the child's use and proficiency of the device and any support needed:

What other communication systems does the child 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 10, where 1 is low and 10 is high:

How **comfortable** is the **child** using his/her communication device?

1 2 3 4 5 6 7 8 9 10

How **skilled/proficient** is the **child** using his/her communication device?

1 2 3 4 5 6 7 8 9 10

How **comfortable** are **you** (parent) **using** the communication device?

1 2 3 4 5 6 7 8 9 10

How **skilled/proficient** are **you** (parent) **using** the communication device?

1 2 3 4 5 6 7 8 9 10

How **comfortable** are **you** (parent) **programming** the communication device?

1 2 3 4 5 6 7 8 9 10

How **skilled/proficient** are **you** (parent) at **programming** the communication device?

1 2 3 4 5 6 7 8 9 10

How **accurate** is the child when using the communication device?

For example, when asked "What do you want to eat?" the child answers with a food item.

1 = accurate 10% of the time, 5 = accurate 50% of the time, 10 = accurate 100% of the time

1 2 3 4 5 6 7 8 9 10

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

Camper Questions

Please describe any physical disability or challenges the child has:

Does the child use:

Power Wheelchair Manual Wheelchair Walker Cane/Crutch
Child is Independent Needs Assistance

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

Please provide any specific medical problems for this child (e.g. seizures, medication, etc.):

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

Camper Goals

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

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

What is the **child** hoping to gain from the camp experience?

What is the **parent/guardian** hoping to gain from the camp experience?

Parent Learning Sessions

If we were to offer parent learning sessions or outside speakers during camp, what topics would you be interested in or like to learn more about?

| | |
|--|---|
| <input type="checkbox"/> Transitions (starting school, puberty, etc.) | <input type="checkbox"/> Respite care |
| <input type="checkbox"/> Options after school (work, living arrangements, etc) | <input type="checkbox"/> Funding resources |
| <input type="checkbox"/> Behavior/Motivation | <input type="checkbox"/> Support group |
| <input type="checkbox"/> Guardianship process | <input type="checkbox"/> Financial planning |
| <input type="checkbox"/> Other _____ | |

Transportation

Do you require transportation to and from camp in order to attend? Yes No

Please note, we are not able to provide transportation to families living outside of the Milwaukee area.

Transportation is not guaranteed even for those living in the Milwaukee area.

Other Attendees

At least one parent/guardian must attend the full camp with the child. Unless the child 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. A second parent/guardian and siblings up to 16 years old are also encouraged to attend. A maximum of six (6) people per family unit may attend (camper + 5 family members). Please provide the following for all other people who will attend with the child:

Name: _____ Gender: _____ Age at Camp: _____

Relationship to applicant: _____

Name: _____ Gender: _____ Age at Camp: _____

Relationship to applicant: _____

Name: _____ Gender: _____ Age at Camp: _____

Relationship to applicant: _____

Name: _____ Gender: _____ Age at Camp: _____

Relationship to applicant: _____

Name: _____ Gender: _____ Age at Camp: _____

Relationship to applicant: _____

2017 Chatter Matters! Agreement Form

I understand that completing this application does not guarantee that the child 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 Pathologists

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 Variety – The Children’s Charity of Wisconsin staff or volunteers to discuss the child’s communication and other needs with the child’s SLP.

Questionnaires 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 child’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 children, I understand that Variety will review relevant public documents regarding criminal activity of any person who is in contact with children, including volunteers, parents and other adults attending camp. Variety 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 children, they will not be allowed as an attendee to Variety’s Chatter Matters! Communication Camp. In addition, I understand that certain other crimes may also bar a person from attending.

By signing below, I grant Variety – The Children’s Charity of Wisconsin permission to do a background check, as Variety deems necessary. I also release Variety – The Children’s Charity of Wisconsin, its employees, representatives and such individuals or organizations from all liability for any damage whatsoever incurred in obtaining or furnishing such information.

\$50 Camp Deposit

I understand that Variety provides Chatter Matters! Communication Camp free of charge to attendees. If selected to attend Variety’s Chatter Matters! Communication Camp, I agree to pay a \$50 deposit to hold my/my family’s place for camp. I understand that my deposit will be returned to me at the conclusion of camp on Sunday, June 25, 2017. I agree to inform Variety staff in writing if my family will not be able to attend camp. If my family is unable to attend camp, I may request, in writing, a refund of my deposit at least 30 days prior to the start of camp. This will allow a family on the camp waiting list to attend in my/our place. I further understand that if my family leaves camp early, or does not attend camp without notifying Variety staff, my deposit will be forfeited. This deposit may be refunded in the case of an emergency, at the discretion of Variety staff.

If the \$50 deposit creates a hardship for my family, I may contact Variety to request this be reduced or waived. I understand that a reduction or waiver will be handled on a case by case basis.

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 child, including overnights. I understand that some camp activities take place outdoors, may be physical in nature and may not be suitable for the child and/or siblings.

Parent/Legal Guardian Name

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Name

Parent/Legal Guardian Signature

Date

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Pages 9-10 to be completed by the Child's Speech Language Pathologist

Please mail this form to:

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12425 Knoll Road, Suite 110
Elm Grove, WI 53122

This form can also be emailed to taimi@varietywi.org.

This form does **not** need to be sent with the main camper application.

Please return this form to Variety by March 15, 2017

Child's Name: _____

SLP Name: _____

Title: _____ Place of Employment: _____

Phone: _____ Email: _____

How long have you worked with this child? _____

How does the child interact with other people? _____

Does the child have perseverative behaviors? If so, please describe _____

How often does the child engage in the perseverative behaviors? _____

Do these behaviors interfere significantly with the child participating in their daily routines and activities? _____

Chatter Matters! Communication Camp is intended for 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 child to attend, but for the family as well. In what ways do you feel the child's family would benefit from camp? _____

In the past, we have had families who registered for camp, but who did not attend camp and did not let Variety know they were not going to attend. Do you have any concerns about the child'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 a benefit for this child.

Please discuss how the child currently uses AAC, any challenges in communication, and any goals you feel should be considered at camp. Feel free to use additional paper for the letter of 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 Variety staff and/or volunteers regarding the camper's communication needs, behavior and other issues. I further agree to complete a survey regarding the camper's communication device usage about one month prior to camp and several months after the conclusion of camp.

Printed Name

Signature

Date