

Camp LIT – Literacy in Turner Mississippi University for Women Speech and Hearing Center June 17-20 2024 8:30 a.m. -12 p.m.

Camper Application Form

Name		Age _		_ Sex: M	F
Parent's Name					
Address					
City					
Phone (home)	Cell			Work	_
Medical Diagnosis	I	Medication			
Describe any allergies					
Describe any special diet					
School/Academic Information					
School		Grad	le (2023-2	024 school year)	
Reading Level					
Dyslexia Diagnosis Y N		IEP: Y	Ν	Elig. Ruling	
Receiving dyslexia therapy		How I	ong in the	rapy?	
If yes, what curriculum?: (Barton, Orto Academic Failure)	-		-		enting
Receiving speech therapy					

Shirt size _____

Interests/Hobbies _____

Please return this application by May 17, 2024 to

Jennifer Pounders, M.S., CCC-SLP

Department of Speech-Language Pathology

1100 College Street MUW-1340

Columbus, MS 39701-5800

Please include the \$30 nonrefundable fee for camp. If you have questions or need additional information please contact: Kim Coverdale (662) 329-7270 kfcoverdale@muw.edu