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**SPEECH-LANGUAGE  
PATHOLOGY**

**Camp TnT (Talking in Turner)  
A Communication Explosion**

**Mississippi University for Women  
Speech and Hearing Center  
June 3-6, 2024  
8:30 am – 12 p.m.**

**Camper Application Form**

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex: M      F

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Medical Diagnosis \_\_\_\_\_

Current Medication(s) \_\_\_\_\_

Describe any allergies \_\_\_\_\_

Describe any special diet \_\_\_\_\_

Does the camper need assistance with feeding? (If so, please describe.)

\_\_\_\_\_  
\_\_\_\_\_

Does the camper need assistance with toileting? (If so, please describe.)

\_\_\_\_\_  
\_\_\_\_\_

Where does the camper go to school? \_\_\_\_\_

Do they receive speech therapy? \_\_\_\_\_

What AAC device does the camper use? \_\_\_\_\_

How frequently does student use the device? \_\_\_ daily \_\_\_ weekly \_\_\_ not often

How long have they used it? \_\_\_\_\_

What personal assistive technology does the camper use?

Manual Wheelchair \_\_\_\_\_

Hearing aid \_\_\_\_\_

Power Wheelchair \_\_\_\_\_

Glasses \_\_\_\_\_

Splints/AFOs \_\_\_\_\_

Other \_\_\_\_\_

Has the camper attended an AAC Users camp before? (if yes, which one)

\_\_\_\_\_

Describe how the camper uses their device. Give examples of words, phrases or sentences the camper uses on a regular basis.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What size tee shirt does the camper wear? \_\_\_\_\_

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 fee for camp.

If you have questions or wish additional information please

contact: Kim Coverdale

(662) 329-7270

kfcoverdale@muw.edu

