

Talk2U Enrichment Program Application

Application due by April 13, 2019

Program Dates: August 12-16, 2019



Name (First, MI, Last): _____ Male ___ Female ___

Street Address: _____

City/State/Zip: _____ Home phone: (____) ____ - _____

Date of Birth: ____/____/____ Age: _____ Current School: _____

Describe how your child communicates: _____

Does your child have his/her own speech-generating device? Please describe: _____

How does your child access his or her communication tools: _____

Please provide a sample of something your child says independently with his or her communication device: _____

Parent/Guardian Information

Parent 1: _____ Parent 2: _____

Work Phone 1: _____ Work Phone 2: _____

Cell Phone 1: _____ Cell Phone 2: _____

Email Address 1: _____ Email Address 2: _____

Registration & Participation Agreement

- I understand that space in each group is limited and that applicants will be chosen based on the program's ability to meet the applicants' needs.
- I understand that, if my child is accepted to the AAC enrichment program, I will commit to the dates of the program by June 1. Upon acceptance to the program, I will complete and return a medical history form, payment, and/or scholarship information as requested or lose the spot in the program.
- I will provide communication supports (e.g. low tech and/or high tech system, accessories, and charger) each day of the program.
- I grant permission for staff members and/or professional photographers to take photos for marketing purposes. I understand I have the right to refuse commercial use of these photos by providing a written request by the start of program.
- I give my child permission to participate in all Talk2U organized activities including off-campus trips using Cotting School transportation.

Signature of Parent/Guardian: _____ Date: _____

Voluntary Information: Please provide information to help us plan to be able to meet your needs during the program. Upon acceptance to the program, a more complete medical history form will also be required at a later date.

Meal Times: Please provide information about assistance your child may need at meal times. During the program, Talk2U participants should bring snack and lunch from home. We will be able to keep foods cold in a refrigerator and will have access to a microwave if needed.

Check all that apply:

My child needs:

- Adaptive equipment such as utensils, plate, cup, etc: _____
- Someone to feed him/her
- Has a g-tube
- My child does not eat by mouth (NPO)
- Other: _____

Toileting: Please provide information about assistance your child may need:

Medical: Please provide information about assistance your child may need regarding medical care or medication to be administered during the program.

Participation Strategies and Learning Accommodations: Please share information regarding those strategies that promote communication success for your child. Explain how these are used with your child at school, at home, and in the community. Please share any accommodations or strategies that are particularly helpful at school. Attach additional documentation as needed.

- 1:1 behavioral support _____
- Hand-over-hand support _____
- Aided language stimulation (modeling on device) _____
- Token system or points sheet _____
- Daily schedule _____
- Picture directions _____
- Sticker chart/ behavior chart _____
- Other: _____