Cool Communicator Camper
Pre-registration Communication Survey 2009

This is a camp environment and by its very nature no direct therapy with the campers, formal reports, or intensive device training will be provided. Our goals are:

1) To provide opportunities for campers to use their communication devices in a fun, fast- paced integrated camp environment, with the support of a team of Speech Language Pathologists
2) To promote the use of communication devices in as many camp activities as possible
3) To promote familiarity with communication devices and effective communication strategies with all campers and adults

The role of the Speech Language Pathologist support team is to assist camp personnel and campers with device use and programming, implementation of communication strategies in all camp activities, assistance in planning activities to promote the development of communication skills in all campers and to encourage and expect campers to use their communication devices as much as possible. SET-BC assists with the organization and technical support for this camp and is supported by a team of community-based professionals. Those with communication devices from other agencies are welcome.

In order to provide the best experience possible,

- the camper's team will need to complete and submit this Pre-camp Communication questionnaire in order to register for camp
- the camper needs to come to camp with his/her device working and up-to-date and with all attachments; a pre-camp backup needs to be kept at home
- the camper's team will need to establish a clearly-stated, achievable communication goal for camp and ensure that the camper is aware of this goal
- the camper's team will need to pre-program the device with specified camp vocabulary (SLP support teams will contact teams in advance to assist with programming as needed)

Please indicate your camp choice: ○ Squamish (June 27-Jul y 3) ○ Winfield (July 18-23) ○ Shawnigan (July 18-23)

Camper's Name: _____ Sex: ○ M ○ F
\D.O.B.: _____
Will this camper be attending with a Personal Support Worker? ○ Yes ○ No ○ Unsure
Camper's diagnosis: _____

Device and setup (# buttons and "language" setup): _____
The device is: on a wheelchair tray or mounted carried by camper carried by adult

From which agency did you get this device: ○ SET-BC ○ SunnyHill ○ Other _____

School _____ District_____

How frequently does the camper presently use his/ her device:

◯ < 10 min. per day ◯ 10-30 min. per day ◯ 30-60 min. per day
◯ 1-2 hr per day ◯ 2-4 hr per day ◯ 4-6 hr per day ◯ 6+ hr per day

Give examples of things the camper is capable of communicating independently using his/her device:

Does this camper use the device for other purposes? Writing Environmental controls

Other _____

What best describes this camper's willingness to use his/ her device to communicate with peers and unfamiliar adults:

◯ Unwilling ◯ Will but with reluctance ◯ Somewhat willing ◯ Willing ◯ Very willing

Communication goal for camp In order to encourage communication device development skills, each camper will bring one goal for the week to camp that can be advertised to others on their devices.
e.g. "I want to learn to greet people with my device," " I want to begin conversations with others", "I want to learn to use full sentences", "I want to learn to reply to others"
"I want to use my device ___times a day".
State your Cool Communicator's goal

(You can expect to hear from the SLP support team and your camper regarding progress on this goal.)

Contact information for community personnel responsible for programming

Name: _____
Phone #: _____
Email address:_____
Role: _____

Contact information for camper's SLP (if different from above)

Name: _____
Phone #: _____
Email address:_____

NAME OF SET-BC CONSULTANT (if appropriate) _____

COOL COMMUNICATORS @ CAMP

Save Form

Please email form as an attachment.
to msheane@setbc.org