



Camp TnT (Talking in Turner)
Mississippi University for Women
Speech and Hearing Center
June 2-5, 2025
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? _____
(YS,YM,YL, AS,AM, AL, AXL)

Please return this application by May 16, 2025

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

