



Speech & Language Consultants, LLC

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KEEP THE CONVERSATION GOING

Please identify (✓) the location for your child. Please note families can select more than one camp session.

Spring 2008 KTCG please circle the desired group	
<input type="checkbox"/>	Play and Interact 4-6 year old group (every other Saturday). <i>Dates: May 3rd, May 17th, May 31st, June 14th, June 28th</i> <i>LOCATION: BRIDGEPORT (5 WEEKS)</i> Time: 10:30-12:00pm, every other Saturday Fee (\$400.00)
<input type="checkbox"/>	Play and Interact 3-4 year old group <i>Dates: April 25th, May 2nd, May 9th, May 16th, May 30th</i> <i>LOCATION: NORWALK (5 CONSECUTIVE WEEKS)</i> Time: 1-2:30pm, each Friday Fee (\$400.00)
<input type="checkbox"/>	Play and Interact 4-6 year old group <i>Dates: BEGINS: April 24th, May 1st, May 8th, May 15th, May 29th</i> <i>LOCATION: BRIDGEPORT (5 CONSECUTIVE WEEKS)</i> Time: 1-2:30pm, each Thursday Fee (\$400.00)
<input type="checkbox"/>	Interact 5-6 year old group <i>Dates: April 25th, May 2nd, May 9th, May 16th, May 30th</i> <i>LOCATION: NORWALK (5 CONSECUTIVE WEEKS)</i> Time: 2-3:30pm, each Friday Fee (\$400.00)
<input type="checkbox"/>	Interact 7-9 year old group (For Boys Only) <i>DATES: April 24th, May 1st, May 8th, May 15th, May 29th</i> <i>LOCATION: NORWALK (5 CONSECUTIVE WEEKS)</i> Time: 4:30-6:00, each Thursday Fee (\$400.00)
<input type="checkbox"/>	Interact 10-12 year old group <i>Dates: Dates: May 3rd, May 17th, May 31st, June 14th, June 28th</i> <i>LOCATION: BRIDGEPORT (5 CONSECUTIVE WEEKS)</i> Time: 12:30-2pm, every other Saturday Fee (\$400.00)
<input type="checkbox"/>	Out and About (Community Based for 14 and up) <i>DATES: April 21st, April 28th, May 5th, May 12th, May 19th</i> LOCATION: NORWALK Location 1st class, Community locations classes 2-5 Fee (\$580.00) Time: 4:30-6:00pm

Name: _____ Age: _____ DOB: _____

Address: _____

Gender: Male Female

Parent/Guardian: _____

Daytime Phone: _____

Mobile Phone: _____

E-mail: _____

Does the child have siblings? If so, please indicate the following

	Name	Age	Gender	Grade
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Primary Physician: _____

Does your child have any allergies? : _____

If so, please specify: _____

Please list any medications your child takes regularly: _____

Please indicate your child's current diagnosis, if any: _____

School: _____

Is your child receiving services at school? _____

If so, please describe type and frequency of service _____

Is your child receiving services outside of school?

If so, please specify _____

Speech & Language Consultants, LLC

Center for Communication, Behavior, Sensory Development, Literacy & Technology

Camp Keep the Conversation 2008

Please indicate the following by checking YES or NO. Additional comments can be inserted in the final portion of the survey.

LANGUAGE & READING	YES	NO
My child can verbally express his needs using well understood vocabulary and language		
My child is able to articulate his feelings.		
My child has a reading comprehension level of at least 2 nd grade.		
My child can understand a joke, idiom, or sarcasm.		
My child understands when he is being teased.		
My child can use sarcasm and jokes.		
My child uses TV talk to express himself		
My child seems to have the same conversation more than 50% of the time.		
My child has difficulty starting a conversation		
My child often repeats himself during a conversation		
VERBAL BEHAVIOR, EXPERIENCE SHARING, PERSPECTIVE TAKING	YES	NO
My child is verbally fluent		
My child formulates complex sentences above the level of his social partners		
My child can extend conversation for more than three exchanges.		
My child's conversations are overloaded with questions.		
My child says whatever is on his mind no matter the crowd or their feelings.		
My child speaks a lot and does not regulate to stop even if others seem disinterested		
My child would benefit from learning and practicing how to have a conversation		
My child has difficulty accepting another's idea		
My child likes his ideas and wants everyone to follow his lead more than 50% of the time.		

My child's conversation's are one-sided		
IMAGINATION, REASONING		
My child has incorporates his imagination in play		
My child's imaginative play contains logical sequences		
PLAY, VERBAL BEHAVIOR, AND EXPERIENCE SHARING	YES	NO
My child can play with a few toys according to their designed purpose.		
My child can incorporate a variety of imaginative scripts based during play (i.e. building blocks).		
My child can turn-take with ease when playing with a toy he/she really likes.		
My child can join a group currently involved in play.		
My child can verbally join a group currently involved in play.		
My child is attune to his play partners and can indicate his "fun" through smiles, regulated laughter, and eye contact.		
My child uses ineffective language (TV talk, singing) during play		
My child can promptly tell his play partners his/her name AND obtain the name of his play partner.		
PHYSICAL REGULATION, EMOTIONAL REGULATION	YES	NO
My child can physically join a group with ease		
My child is able to control his body when upset or frustrated		
When in the community, my child does not bolt or run away		
When my child gets excited, he may hit or show mild aggressive behavior		
My child can regulate his excitement or despair according to the situation (cries too much, laughs to much, etc.)		
My child is on a sensory diet and requires these breaks for regulation		
My child can accept "no"		
NONVERBAL COMMUNICATION	YES	NO
My child can understand the facial expressions of others		

When my child reads a facial expression that indicates “Stop or No” he can regulate his actions		
When my child reads a facial expression that indicates “Yes” he can regulate his actions		
When my child reads a facial expression or body movement (pointing) that gives location, my child understands and is able to move toward that direction		
When my child reads a facial expression that indicates “Stop or No” he can regulate his actions		

Please indicate what else you’d like us to know about your child

What does your child like?

What does your child NOT like?

What are your family goals for your child’s participation in this group?