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**Camp ALEC**

**Participant Registration Information**

**PARTICIPANT INFORMATION**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First

**Address:**

Street City State Zip

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alternate Phone (work or cell):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSING**

**Staying in bunk house at the Variety Club Camp? ☐ Yes ☐ No**

If yes, please describe any special needs that must be accommodated?

**Staying at the Lindale Holiday Inn? ☐ Yes ☐ No**

If yes, would you like help finding a roommate? ☐ Yes ☐ No

If yes, have you arranged for your own transportation to/from camp each day?

☐ Yes ☐ No

**Have you arranged some alternative housing situation (e.g., staying with family in the area)?**

**☐ Yes ☐ No**

**MEALS**

All adult participants are required to eat breakfast, lunch, and dinner with the campers at the Variety Club Camp. If you have dietary restrictions or allergies, please describe them clearly here:

**EXPERIENCE AND PREFERENCES**

We do not know the characteristics of all of the campers at this point, but we intend to pair adults and campers prior to the first day of camp. Your answers to the following questions will help us:

Which age range do you most prefer? 10-12 13-15 16-18 Any age

Which level of literacy learners to you feel most comfortable teaching now?

Emergent Literacy Learners Conventional Literacy Learners Both

Have you had direct experience teaching students to use AAC devices? ☐ Yes ☐ No

If yes, what kinds of devices do you feel comfortable using?

Have you worked directly with students with significant physical disabilities? ☐ Yes ☐ No

If yes, please describe your level of comfort with issues regarding access to technology: