University of Illinois
Department of Speech and Hearing Science
Speech-Language Pathology Clinic
and
The Autism Program (TAP)

Social Skills –Chatter Groups

For children ages 5 to 12 yrs. who have a communication impairment that affects social/peer interaction.

WHERE & WHEN

University of Illinois Speech-Language Pathology Clinic
2001 South Oak Street, Suite B
Champaign, IL 61820

June 22- July 31, 2009

Ages 5 - 12 years	Groups Monday & Wednesday	3:00 – 4:30
	Groups Wednesday & Friday	10:30 – 12:00
Ages 13-17 years	Contact us for availability	

Activities will be organized to target social skills through themes including emotions, peer/adult communication and interactions. Each child will be grouped by age, and communication needs with a maximum of 4-6 children per group. Groups are designed for children with verbal skills.

The cost of the entire program will be $486 for 12 sessions. Program fees may be paid by cash, check or charge. **Priority registration ends May 15th. Registration after May 15th will be subject to availability.** Once registration is received, a free, initial consultation will be scheduled to meet your child, prior to the first week of camp.

For more information, please contact our clinic office at 217-333-2205 or email the SLP Clinic us at: slpclinic@ahs.illinois.edu. To enroll your child, complete the registration form below and mail to or drop off at:

University of Illinois
SLP Clinic
ATTN: Summer Camp
2001 South Oak Street, Suite B
Champaign, IL 61820

Social Skills Group Registration Form — Priority Registration: **MAY 15th 2009**

NAME_____ BIRTHDATE_____ AGE _____

ADDRESS_____CITY _____ PHONE_____

PARENT/GUARDIAN NAME_____ EMAIL _____

GROUP CHOICE(S) _____ Mon/Wed PM ____Wed/Fri AM

ADDITIONAL INFO or COMMENTS: _____

_____

_____

AMOUNT ENCLOSED_____ CASH/CHECK/CHARGE (circle one) CHECK NUMBER_____

*A nonrefundable $100 deposit MUST be turned in with this registration form before you can be considered for enrollment. We will try to accommodate everyone's preferences, but final decisions will be made according to the child's needs.

For administrative use only: **Deposit ($100) _____** **Paid in FULL _____**