**Children's Specialized Hospital**

**CAMPS Connection**

# AAC Fellow Applicant Information

Name: _____ Professional Title (SLP, OT, teacher, etc.): _____

Permanent Address: _____

E-mail: _____ Phone Number: _____ T-Shirt Size: _____

NJ License Number: _____ ASHA Number (for SLPs): _____

*\*Please note: NJ residency is not a requirement, but NJ licensure and ASHA certification for SLPs ARE REQUIRED for this position. Assistance can be provided in completing NJ license application if needed.*

Describe your experience with people with disabilities. Note specialized training i.e. behavioral management, transfer, other.

_____

_____

_____

Why are you applying to be an AAC Fellow at Camp Chatterbox? What do you feel you can offer the program?

_____

_____

_____

_____

Please describe your previous AAC training and experiences if any.

_____

_____

_____

For the last 3 columns on this chart, please rate your experience (1-5) with the following AAC Systems.
(0 = Not at all; 3 - With moderate assistance; 5-Independently).  Add other devices or systems if appropriate.

| AAC Device | Heard of System (Y/N) | Can Operate | Can Store Vocabulary | Have Used With Clients |
|---|---|---|---|---|
| PRC Unity Devices (Accent Series) | | | | |
| Tobii-Dynavox Devices (Indi, I+ Series, etc.) | | | | |
| Saltillo Devices (NovaChat Series) | | | | |
| SmartBox Devices | | | | |
| IPad w/ AAC Apps (LAMP, ProLoQuo2Go, SpeakforYourself, TouchChat, etc.) | | | | |
| Other: _____ | | | | |

Site Director Signature: _____

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# Application Contents

1. Applicant Information (above)

2. Central Registry Consent Form (upon acceptance)

3. Resume/Vitae

4. Cover letter (optional)

## Send application packet to:

Children's Specialized Hospital
Attention: Camp Chatterbox Clinical Coordinator
CampChatterbox@childrens-specialized.org
150 New Providence Road
Mountainside, NJ 07092

*Email submissions are preferred*