



Friendship Camp

Summer 2015

Tues & Thur 9:30 to 10:30 am
June 2 - July 9

- Or -

Mon & Wed 3:30 to 4:30 pm
June 15 - July 22

Our social skills group is focused on assisting children with building and maintaining healthy relationships with peers. These children usually have pragmatic language difficulties including: problem solving, using and interpreting non-verbal cues, conversations with peers, and self regulation. The curriculum was designed by occupational and speech therapists to address skills which may include:

- Rules associated with developing friendships
- Verbal instruction & role playing
- Initiating, maintaining, and terminating conversations
- Conversational manners (sharing, turn taking, etc...)
- Utilizing small talk and compliments
- Conversational topics
- Problem solving



problem solve

learn skills



role play

make friends



have fun

The groups will meet 2 times a week for 50 minutes per session for a series of 6 weeks. The Speech Language Pathologist will collaborate with the Occupational Therapist to use interactive materials, sensory based activities, role playing, and group discussions.

The children will have FUN while making friends and developing pragmatic language skills. These groups are limited to 6 children per group. Classes are contingent upon enrollment of 3 or more children per group.

Please see our application checklist for instructions and required information.

★ PTC periodically runs a Preschool Group for ages 4-5. Please inquire about opportunities for your preschool child.

www.ptcne.org

Pediatric Therapy Center Friendship Camp

We attempt to create a homogenous group of children to maximize learning. Accepted participants will be placed in groups according to abilities and availability. A lottery system will be used for groups that have more accepted applicants than slots.

\$250 fee due in full with registration. If your child is not accepted into camp, your check will be returned or your credit card will not be charged. Please, only 1 child per application.

T/Th 9:30 to 10:30 M/W 3:30 to 4:30

Child's Name _____

Date of Birth _____

Child's Home Address _____

City/State/Zip _____

Home Phone _____

Cell Phone _____

Parent Email address _____

Parents/Guardian Names _____

Method of Payment:

Check VISA MasterCard

Cardholder Name _____

Billing Zip _____

Card Number _____

Expiration Date _____

Cardholder Signature _____

Application Checklist:

- Complete application form and payment information
- Attach current IEP
- Fax or mail application by 6 p.m. on May 19th.

• Applications submitted without an IEP and/or payment will not be accepted.

Accepted participants will be selected from a lottery for the available slots and will be contacted via email by May 21st.



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Questions?
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