



How to Help Your Child with Special Needs

Seminar Application

Father's Name: _____ Date of Birth: _____

Mother's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Street: _____ Telephone: _____

_____ Facsimile: _____

City: _____ E-mail: _____

State/Region: _____ Code: _____ Country: _____

Please write a brief description of your child's abilities and needs. Please include any major health or educational concerns that you may have. _____

Have you taken any other courses or seminars that have helped you with your child? If so, please describe:



Have you read any books that have helped you with your child? If so, please list:

What would you like to gain from this seminar? _____

If there is any other information you feel would be helpful, please add it here. _____
