



How to Help Your Child with Special Needs

Initial Visit 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. _____

Date of attending "How to Help Your Child with Special Needs" Seminar: Mother _____ Father _____

Native Language _____ % of English _____



Please describe any treatment program you have done since you attended the Seminar:

Number of days per week: _____ Number of hours per day: _____

Sensory program: _____

Respiration program: _____

Physical program: _____

Social program: _____
