



Latino Autism Society Working with Optimism  
P.O. Box 08185 • Chicago, IL 60608-0815  
(312) 355-0426

### Family Registration

Date: \_\_\_\_\_

1. Father's name: \_\_\_\_\_ Mother's name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City/State/Zip code \_\_\_\_\_

4. Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_

5. E-mail: \_\_\_\_\_

6. Name of child with autism: \_\_\_\_\_ Date of birth: \_\_\_\_\_

7. Severity of Autism (i.e. : severe/moderate/mild) \_\_\_\_\_

8. Method of communication (i.e..words, gestures, signs): \_\_\_\_\_

9. Behaviors (i.e.yelling, crying, hitting): \_\_\_\_\_

10. Sensory issues (i.e. hyper sensitivity to light touch and sound, nail biting)

\_\_\_\_\_

11. As of now, what worries you the most about your child? \_\_\_\_\_

\_\_\_\_\_

12. What topics would you like to hear more about? (i.e. IEP, legal issues, speech pathology, nutrition, occupational therapy, self-care, explaining autism to non-autistic children, etc)

\_\_\_\_\_

13. Name of sibling: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

14. Name of sibling: \_\_\_\_\_ Date of birth: \_\_\_\_\_

15. Name of sibling: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

16. Name of sibling: \_\_\_\_\_ Date of Birth : \_\_\_\_\_

17. What situations have you had because of your child's autism?

\_\_\_\_\_

\_\_\_\_\_

18. Do you think your kids without a disability understand autism?

\_\_\_\_\_

\_\_\_\_\_

19. What do your non-disabled kids think of their disabled sibling?

\_\_\_\_\_

\_\_\_\_\_

20. What complaints you're your non-disabled kids made?

\_\_\_\_\_

\_\_\_\_\_

21. If there was a sibling group, what topics would you like to be discussed in that group?

\_\_\_\_\_

\_\_\_\_\_

22. Other comments: \_\_\_\_\_

\_\_\_\_\_