

# Good Job Angels

## Online Service and Resource for Family of Special Needs

### Autism Awakening Workshop

### 自閉症專題講座

### Registration Form

### 註冊表格

	Child with Special needs 特殊兒	Sibling 1 兄弟姊妹 1	Sibling 2 兄弟姊妹 2	Sibling 3 兄弟姊妹 3
Last Name 姓				
First Name 名				
Date of Birth 生日				
Age 年齡				
Gender 性別				
Primary Language 第一語言				
Secondary Language 第二語言				
Medications 服用藥物	Yes No	Yes No	Yes No	Yes No
If yes, please list medications 服用什麼藥物?				
Food Allergy 過敏	Yes No	Yes No	Yes No	Yes No
If yes, please list 對什麼過敏?				
Seizure disorder 癲癇	Yes No	Yes No	Yes No	Yes No
Any other medical conditions 其他健康問題				

	Father 父親	Mother 母親
Last Name 姓		
First Name 名		
Parents' current marital status 婚姻狀況	Married 已婚    Never Married 未婚    Separated 分居    Divorced 離婚 Other 其他	
Address 住址		
Home Phone 電話		
Cell Phone 手機		
Email 電子郵件		

Preferred contact information 首選聯繫方式:

Name of parent listed above to contact 聯繫誰: \_\_\_\_\_

Best way to contact parent 聯繫家長最好方法:

Home Phone 家庭電話      Cell Phone 手機      Email 電子郵件

Please describe how your child communicates (verbally- full sentences, short phrase, single words, sign language, picture communication system).

請描述你的孩子如何溝通（口語:完整的句子，短語，單個單詞，手語，圖片通訊系統）。

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If your child engages in problem behaviors, please list the three most troublesome?

如果您的孩子從事問題行為，請列出三個最麻煩的？

1.

2.

3.

What strategies/techniques are used at home or school to discourage inappropriate behavior and promote positive behaviors?

用什麼策略/技巧在家裡或學校不鼓勵不當行為，促進積極的行為?

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What are your children's favorite activities? 什麼是你的孩子最喜歡的活動?

Child with special needs 特殊兒:

- 1.
- 2.
- 3.

Typical children 一般兒:

- 1.
- 2.
- 3.

What are your children's favorite snacks? 什麼是你的孩子最喜歡的零食?

Child with special needs 特殊兒:

- 1.
- 2.
- 3.

Typical children 一般兒:

- 1.
- 2.
- 3.

Please share any additional information that will enable staff to work safely and successfully with your children during the program?

請分享任何額外訊息，使教職人員在課程中安全，成功地與您的孩子來上課？

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Parent Signature 家長簽名 \_\_\_\_\_

Date 日期 \_\_\_\_\_