

T.A.P. Group _____ Amt. paid _____ Check# _____ Date received _____

2012 T.A.P. Member Enrollment Update

Part I: Family Info

Name: (person completing application) _____

Address _____

Phone _____ D.O.B: _____

Fax _____ Email _____

School district _____ Ethnicity (optional) _____

Number and age of children _____ Ages: _____

Are you interested in taking an active role in planning programs, fundraising, etc? _____

Part II: Info About Your Family Member (FM) with Special Needs

FM's name _____ # of T.A.P. Group's previously enrolled _____

Member _____ Non-Member _____ Age _____ D.O.B: _____ Male or Female

Does your FM have a diagnosis of PDD-NOS, Aspergers, or High Functioning Autism?

Does your family member have a different diagnosis? (please describe) _____

Does your family member have social/communication difficulties with no diagnosis? _____

If family member is school aged, does he/she have an IEP or 504? _____

Does his/her IEP include social skills? _____

What does your FM generally do during the summer? _____

What are the pros and cons of his/her usual activity? _____

Part Three: Your Hopes and Dreams

If you could have a social skills program that satisfied your three most important criteria, what would those criteria be?

1. _____

2. _____

3. _____

If you could help your FM to build three critical skills, what would they be?

1. _____

2. _____

3. _____

What are your FM's three strongest suits?

1. _____

2. _____

3. _____