



[Application for The Autism Sensory Connection](#)

**Note: Not all applicants will be accepted for Sensory Course; limited to 15 participants*

Full Name of Parent(s) Full Name of Child/Children Click or tap here to enter text. Click or tap here to enter text.

Child/Children Age(s) Child/Children's diagnosis Click or tap here to enter text. Click or tap here to enter text.

Child/Children's age of diagnosis Parent(s) Phone Number(s) Click or tap to enter a date. Click or tap here to enter text.

Parents(s) Email

Click or tap here to enter text.

In what areas does your child/children struggle in?

Click or tap here to enter text.

In what areas does your child/children present strengths?

Click or tap here to enter text.

What are some goals you have for your child/children?

Click or tap here to enter text.

Why are you interested in understanding the Autism-Sensory Connection?

Click or tap here to enter text.

Submit completed application to Stacy@autism4home.com, by **Sunday April 3, 2022**