

# 2009 THSC State Convention and Family Conference

## August 6-8, 2009 ~ The Woodlands, Texas

### Special Buddies Program Registration Form

The Special Buddies Program is available to children up to age 18 on a case-by-case basis and while space lasts. Texas' Special Kids reserves the right to recommend other options, possibly including CMT, if a child does not fall within the parameters of the Special Buddies program.

For security purposes and because of the personalized care offered through the Special Buddies Program, please email a recent picture of your child to [thscspecialbuddies@gmail.com](mailto:thscspecialbuddies@gmail.com). In the subject field, please put "SBP" followed by your child's last name.

#### General Information

Child's Name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (chronological) \_\_\_\_\_ Age (developmental) \_\_\_\_\_

Special Need \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ \*Cell Numbers (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Email\*\* \_\_\_\_\_

*\*Mandatory for conference*

#### Please answer the following questions as thoroughly as possible.

Can you describe your child's special need? If so, what is it? Feel free to include your own conclusions.

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- Medically Fragile ~ Mobility impaired - Can't defend themselves against a thrown ball
- Active and Mobile ~ Medical diagnosis (e.g. AU, DS, ED, RAD, Bipolar, DSI)
- Seizure Disorders ~ Placement will be determined on an individual basis. Life threatening seizures will be considered Medically Fragile.

#### My child best responds to:

- Males
- Females
- Other Children (M / F)

#### My child's normal disposition is:

- Happy
- Cheerful
- Pleasant
- Calm
- Uneasy
- Unhappy/Frustrated
- Upset/Agitated

My child's favorite toy or activity is \_\_\_\_\_

My child really doesn't like to \_\_\_\_\_

My child likes: (Y for yes / N for no)

\_\_\_ Action Figures \_\_\_ Arts & Crafts \_\_\_ Balls \_\_\_ Blocks \_\_\_ Board Games \_\_\_ Books  
\_\_\_ Cars \_\_\_ Coloring \_\_\_ Dolls \_\_\_ Legos \_\_\_ Music \_\_\_ Noisy Toys/Rattles \_\_\_ Playing House  
\_\_\_ Push-Button Toys \_\_\_ Swinging \_\_\_ Vibrating Toys \_\_\_ Videos \_\_\_ Video Games

Other: \_\_\_\_\_

My child likes: (Y for yes / N for no)

\_\_\_ Hugs \_\_\_ Laughing \_\_\_ Lively Activities \_\_\_ Loud Noises \_\_\_ Outdoor Activities  
\_\_\_ Quiet Times \_\_\_ Rocking \_\_\_ Singing \_\_\_ Story time \_\_\_ Talking

Behavior issues:

Meltdowns  Problems with Transition

When my child is unhappy, the following things might calm him or her:

\_\_\_\_\_  
\_\_\_\_\_

Method of communication:

Speech (clear)  Speech (difficult for strangers to understand)  Sign Language  
 Picture Communication System  Other: \_\_\_\_\_

Social Behaviors:

Does your child have any socially inappropriate behaviors? If yes, please describe.

\_\_\_\_\_

What specific words or hand signals do you use to redirect your child?

\_\_\_\_\_  
\_\_\_\_\_

Special feeding issues: (*\*Parents bring necessary supplies*)

\* **NOTHING** with **PEANUT INGREDIENTS** is permitted.

Drinks from bottle  Drinks from cup  Drinks with straw  Tube-fed  
 Must be spoon-fed  Needs help feeding self  Supervised snacks  Feeds self independently  
 Gagging/Choking issues  Food allergies (gluten free, etc.) \_\_\_\_\_

Toileting: (*Parents bring necessary supplies*)

Wears diapers  Toilet training  Needs supervision or help  Independent

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**Mobility:**

IS YOUR CHILD A RUNNER?  YES  NO

Wheelchair  Needs special support  Crawls  Sits alone  Stands alone  Walks independently

Other: \_\_\_\_\_

**Medical:**

Does your child have seizures? \_\_\_\_\_

Are they life-threatening? \_\_\_\_\_

Medication allergies: \_\_\_\_\_

Is there anything else that would be useful for someone who cares for your child to know?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have any questions, please do not hesitate to contact me!

Blessings,

Leslie A. Stevens, Texas' Special Kids

THSC's Special Buddies Program Director

[thscspecialbuddies@gmail.com](mailto:thscspecialbuddies@gmail.com)

**Payment - \$30/child**

Check/Money Order  Visa  MasterCard  AmEx  Discover

Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ \*\*\*V-Code \_\_\_\_\_

Signature \_\_\_\_\_

**By submitting this registration form, I agree I understand photographs/videos of the Convention and its attendees will be taken and pictures of me and/or my family may be used for publicity, advertising, and promotional purposes.**

\*\*Required. Pre-registration confirmations will be sent via e-mail.  
\*\*\*Last three digits on signature line on back of MasterCard or Visa

**Complete this form and mail by July 30, 2009 to  
Texas Home School Coalition  
P.O. Box 6747, Lubbock, Texas 79493  
or fax to 806.744.4446**