Christ Church UM
S.O.A.R. Special Needs Program Form

Date of Application _____

Child's Full Name _____ Preferred Name _____

Date of Birth _____ Age _____ Gender _____

Parents Full Name_____

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone_____

Email _____

How did you hear about this program?
_____

In the event of an emergency and we can not reach you, the following person may be called and is authorized to pick up my child. (Positive ID must be provided before your child will be released.)
Name _____ Relationship _____
Phone _____

Diagnosis: Please check all that apply & circle degree of severity:

- Autism Mild Moderate Profound
- Cerebral Palsy Mild Moderate Profound
- Developmental Delay Mild Moderate Profound
- Down Syndrome Mild Moderate Profound
- Emotional Disability Mild Moderate Profound
- Fragile X Syndrome Mild Moderate Profound
- Hearing Impaired Mild Moderate Profound

- Learning Disability Mild Moderate Profound
- Multiple Handicaps Mild Moderate Profound
- PDD Spectrum Mild Moderate Profound
- Physically Disabled Mild Moderate Profound
- Rett Syndrome Mild Moderate Profound
- Seizure Disorder Mild Moderate Profound
- Tourettes Syndrome Mild Moderate Profound
- Visually Impaired Mild Moderate Profound
- Other (Asperger's Syndrome, Brain Injury, Prader-Willi Syndrome…Please describe: _____
_____

Communication Needs:

- Predominantly Non-Verbal
- Predominantly Verbal

Check all that apply:

- Speaks clearly
- Requires prompts/cues to initiate
- Vocalizations not always understood
- Requires prompts to interact
- Can express basic needs and wants by:
- Eye contact
- Gestures – Give examples: _____
- Signs – give examples: _____
- Assistive Technology (picture boards, books, talkers) _____
- Other, please describe: _____
_____

Dietary/Feeding Needs:

List all diet restrictions: _____
Foods to avoid/Allergies to foods or medications: _____
_____
Snacks foods child enjoys: _____
Please check all that apply:

- Eats by mouth
- Independent with set-up
- Eats by G-tube
- Feeds self with prompts
- Uses special utensils/cup
- Requires supervision/physical assistance while eating

List any special equipment or positioning needed for feeding: _____
_____

Medication/Medical Information:

****If you have a medical plan of care for emergencies, please attach a copy. The same plan that you have for school or daycare provider is acceptable.**

Health Insurance Co. _____ ID# _____
Hospital Preference: _____
Please indicate your child's height _____ and weight _____

Please list medications that are taken on a regular basis.
Medication When Taken How administered
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
Allergies to medications:
Allergy Severity of Reaction Action Steps
1. _____
2. _____
3. _____
4. _____
5. _____
Environmental Allergies: _____

Please list any medical or special precautions for managing the following concerns and check any that apply and explain:

- Seizures _____
- G-Tube_____
- Trach _____
- Positioning_____
- Respiratory _____

Toilet/Hygiene Needs: Check all that apply

- Uses toilet independently
- Uses toilet with supervision
- Needs transfer assistance. Explain _____
- Follows schedule. Explain _____
- Wears diapers/pull ups. Explain changing instructions _____

_____
List signs or gestures that may indicate their need to be changed or go to the bathroom: _____

Behavior Management:
Behavior Concerns:
Please share any behaviors we should be aware of (i.e. aggressive behavior, tantrums, wandering): _____
_____
_____

Behavior Modification Plan:
Please explain in detail the behavior management plan being used at home and school to modify inappropriate behavior that may be exhibited. Our goal is to maintain consistency in the implementation of this plan:
_____
_____
_____

Activities my child likes: (music, stories, coloring, physical games, independent play, group activities, reading, being read to, etc.) _____
_____
_____
My child becomes upset or angry when: _____
_____
My child needs encouragement to: _____
_____
My child does not enjoy:
_____
_____
_
Other things I'd like you to know about my child _____
_____
_
_____
_
_____
_
_____
_

******Please update this plan of care yearly or if any significant changes occur in yourchild's (children's) status.***

_____ _____
Parent or Legal Guardian Date

_____
Signature of Parent/Legal Guardian

Mail application to:
Christ Church UM
Attn: Amy Mitcham
6363 Research Forest Dr
The Woodlands, TX 77381

Or email to amitcham@cc-um.org
936-273-2030 x7240