



The SOAR Experience

Presented by: The Social Discovery Program

For children and teens with solid verbal skills who experience the social communication and social skills challenges seen in Level 1 Autism Spectrum Disorder (formerly referred to as Asperger's Syndrome, HFA and Nonverbal Learning Disabilities) or Social (Pragmatic) Communication Disorder.

Participant application for School Personnel (2019)

Completion of this form along with a Letter of Commitment is **mandatory** for admittance to The SOAR Experience.

****If you have a document that answers these questions please attach/send it in instead****

In addition, prospective applicants who are new to West Bergen may be interviewed by senior staff to determine if the child will benefit from the summer program.

APPLICATION DEADLINE: MAY 17th, 2019

1. Applicant Information

Name: _____ Date of Birth: _____

Main School Contact Number: _____

Grade: _____ School: _____

Please check any of the following that apply:

Mainstreamed Mainstreamed with Supports - List Supports:

Self - Contained Classroom Out of District Placement Home Schooled

The applicant is:

- Past SOAR Experience Participant Current West Bergen Client (Therapist: _____)
- Former West Bergen Client Has never been a client at West Bergen

How did you find out about our program?

2. School Contact Information:

Case Manager:

Name

School Address

Phone

(____) _____

E-Mail (Please print clearly)

Director of Special Services:

Name

School Address

Phone

(____) _____

E-Mail (Please print clearly)

Summer Contact:

Name

Relationship to the applicant

School Address

Phone

(____)_____

E-Mail (Please print clearly)

Relevant Staff:

Name

Relationship to the applicant

School Address

Phone

(____)_____

E-Mail (Please print clearly)

3. About Your Student (please use separate page if necessary)

Student's strengths:

Student's Challenges:

Student's preferred coping strategies/tips for when your student is struggling/what distracts them:

Does your student use any assistive technology devices to optimize his/her functioning at school, home or socially/within the community? Has your student benefitted from such devices in the past? Will your student be bringing any such devices to the SOAR Experience? If yes to any of the above, please identify devices, typical amount and purpose of use, etc:

Student's social communication ability (i.e. how often does your student appropriately and successfully initiate, maintain and end conversations with others, how does your student do communicating one on one versus in a group setting, etc.) :

Student's play activity and peer relationships (what does s/he like to play with, special interests, talents, passions, how s/he does with peers, types of relationships in his/her life, etc.):

Identify all sensory, motor, behavioral, nutritional or additional issues that would help us to work more effectively in making this a successful experience for your student:

Are there any fears, anxiety, sensory issues, coordination issues, etc that would affect your student's ability to handle certain activities or trips (i.e. fear of the dark or clowns or bugs, unable to use scissors independently, poor swimmer, etc.)?

Is there any family or cultural factors that you think would be important for the SOAR Experience staff to be aware of while working with your student?

Has your student had any incidents of aggression and/or self-injurious behavior at school, home or in the community? Please describe.

Have there been any hospitalizations during the student's life for social-emotional-behavioral issues? This includes PESP visits, Emergency Room visits, emergency risk assessments or visits from Children's Mobile Crisis? If yes, please state when and describe briefly.

Please note any additional information you think might help the SOAR Experience staff work more effectively with your student:

4. Diagnostic and Classification Information:

Psychiatric Diagnosis: _____

Educational Classification: _____

★Copies of most recent diagnosis and evaluations, including IEP (if classified) MUST accompany this application

★Please check off all of the following that have been included with the application:

- Diagnostic evaluation completed by _____
- Evaluations attached – Identify _____
- IEP and ALL EVALUATIONS/REPORTS used to generate the IEP attached**

15. Payment Information

Applications must be completed in full and returned with all requested records. A letter of commitment from the school must be sent in with the application. An interview may also be required. The application, record review and interview assists in predicting whether this summer program is a good fit for your student. Any deposit/payment will be returned in full should applicant not be accepted. Full payment of balance due no later than June 15th, 2019.

Check which session(s) your student is applying for:

____ July 8th – July 19th ____ July 22nd – Aug 2nd ____ August 5th – August 16th

2 Week Session (\$1,500 Tuition)

4 Week Session (\$2,900 Tuition)

6 Week Session (\$4,300 Tuition)

Amount Enclosed Reflects: _____

Total to be paid today: _____ by: ↑Check ↑Cash

Please be advised of the following policy regarding withdrawal or expulsion from the program: *If you/their family should choose to remove your student prior to the completion of the program or the staff of the SOAR Experience determine that your child can no longer attend the program, you will not receive a refund and/or your school will still be responsible for payment.*

*

School Personnel Signature

Date

Please Return Application and Registration Form to and For Further Information Contact:

The SOAR Experience,
West Bergen Mental Healthcare
One Cherry Lane, Ramsey, NJ 07446
201-934-1160
www.westbergen.org

Please Note:
The SOAR Experience will take place at
West Bergen's Center for Children and Youth
1 Cherry Lane, Ramsey, NJ 07446

