



Plan of Care- Other Special Needs

This form is to be used to document and support non-medical special needs requiring accommodations during program participation. This may include behavioral, emotional, sensory, developmental, communication, mobility, or other support needs. Completion of this form helps staff provide safe, appropriate, and consistent support.

Student Information:

Student Name	
Date of Birth	
Age	
Program Site / Location	
Date Plan Completed	
Review Date	

Parent / Guardian Information

Parent/Guardian Name:	
Phone Number:	
Email Address:	

Special Needs

<input type="checkbox"/> Behavioral support needs <input type="checkbox"/> Sensory sensitivities (noise, light, touch, etc.) <input type="checkbox"/> Developmental delays <input type="checkbox"/> Communication needs <input type="checkbox"/> Mobility or physical access needs <input type="checkbox"/> Social skills support <input type="checkbox"/> Attention or focus difficulties <input type="checkbox"/> Other (Please describe):	
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Description of Support Needs

Please describe the specific needs, triggers, or challenges:	
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Helpful Strategies or Supports

Please list strategies that are helpful at home or school:	
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Safety Considerations

Are there any safety concerns staff should be aware of?	<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain):
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Accommodation Duration

Effective Date:	
Review Date (if applicable):	

Consent and Acknowledgement

I understand that accommodations are based on available resources and program structure. This form does not replace medical documentation if a medical accommodation is required.

Signatures

Parent/Guardian Signature:	
Date:	

Staff Receiving Form:	
Date Received:	