

SADDLEBACK VALLEY CHRISTIAN SCHOOLS

S.O.A.R. PROGRAM APPLICATION

Date: _____

Student's Name: _____ Gender: _____

Birthdate: _____ Current Grade: _____

Parent/Legal Guardian: _____

Address: _____

Home Phone: _____ E-Mail: _____

School Attendance History:

School Name/District	When

Has student been diagnosed with a learning disability: _____ Is there an IEP? _____

Has student received formalized educational/psychological testing? _____

If so, please attach copies or indicate tests and dates taken: _____

Please check programs in which student has participated:

_____ resource (rsp) _____ special day class _____ professional tutoring service

_____ other : _____

I/We understand that Saddleback Valley Christian Schools nor SOAR program guarantees that my child will receive specific improvements or results from participation in the SOAR program. There is a \$50 application fee and \$3000 yearly charge for participation in the SOAR Program (paid monthly with SVCS tuition).

Signature: _____

Date: _____

Please briefly describe concerns about your student's learning:

Please describe any interventions that have been tried in the past and indicate their success:

Is student currently taking any medication or participating in any formal programs to address learning issues:

SADDLEBACK VALLEY CHRISTIAN SCHOOLS
SOAR STUDENT SURVEY

NAME: _____ GRADE: _____ DATE: _____

What are your favorite subjects in school?

What are your least favorite subjects?

In which subjects do you feel you do well?

Which subjects are most difficult for you?

What are your hobbies and/or favorite things to do outside school?

1 = My Strength 2 = Average 3 = My Challenge

Skill	1	2	3
I can concentrate in class during teaching time			
I keep up with the pace of the class			
I work well independently			
I work well in group project situations			
I organize my materials and bring them to class			
I organize my time during school and after school			

Skill	1	2	3
I can take notes and listen at the same time			
I learn best when the teacher lectures			
I learn best when I can refer to visual aids			
I learn best in a group discussion time			
I learn best when I can write/touch/feel materials			
I can read silently and comprehend what I have read			
I have an easy time figuring out new vocabulary			
I can express myself well in writing			
I take written tests well			
I finish my classwork in the time allowed			
I finish my tests in the time allowed			
I have a good grasp of spelling/punctuation/grammar			

Please write a brief paragraph describing your feelings about school: