

Missouri Department of Health and Senior Services
Section for Child Care Regulation and
Republic R-III School District
STRIPES 360 INDIVIDUAL PLAN FOR SPECIALIZED CARE

Child's Name: _____ **Birthdate:** _____

TO BE COMPLETED BY PARENT/GUARDIAN

Dear Specialist/Dr. _____,

My child attends STRIPES 360 at the Republic R-III School District. Because he/she has been diagnosed with a health concern, disability, behavioral or developmental need, STRIPES 360 is required by the Missouri Department of Health and Senior Services Section for Child Care Regulation to have on file a written special needs plan from a professional source. The following are the "special instructions" I am requesting STRIPES 360 to follow:

Your signature to verify this plan will satisfy the requirements for the STRIPES 360 special needs plan for my child. If there are any adjustments or further instructions, please attach to this letter.

Signed (parent/guardian): _____ Date: _____

TO BE COMPLETED BY SPECIALIST/PHYSICIAN

Diagnosis: _____

Treatment required while child is in attendance at STRIPES 360:

_____ As indicated by parent/guardian

_____ No special care while at Tiger STRIPES

_____ Other:

Signed (Specialist/Physician): _____ Date: _____