

Sparks Adaptive Development Academy



515 Pratt Street
Fredericksburg, VA 22405
Tele: 540-618-4115

Email: Sparksadaptivedevelopment@gmail.com

Where Every Child Deserves a Chance

Prior to the child's 2-week trial period, every parent/guardian is required to fill out a screening. This screening helps the staff at SADA get a better understanding of the child's strengths and needs. The results of this screening and trial period supports the decision to continue care for the child and in which room they should be placed developmentally.

This questionnaire serves to ensure that the child is a best fit for the program here at Sparks Adaptive Development Academy. It is for the best interest of both parties, that questions be answered in a manner of which is deemed truthful and honorary.

SADA reserves the right to refuse childcare to any child they deem unfit for the program. SADA does not not need to require any reasoning behind denial of care.

Instructions: Please answer the following questions with the best of your ability. For each question, parents are asked to answer with one of the following options:

- 1 - no difficulty
- 2 - some difficulty
- 3 - a lot of difficulty
- 4 - unable to do.

1. Does the child have difficulty seeing even if wearing glasses?
2. Does the child have difficulty hearing even if using a hearing aid?
3. Does the child have difficulty walking or climbing steps?
4. Does the child have difficulty with self-care such as washing all over or dressing?
5. Does the child, when using their home language, have difficulty communicating, for example understanding or being understood?

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For each question, parents are asked to answer with a Y or a N accompanied by an explanation.

1. Does the child have a serious physical or mental impairment which limits his/her daily activities? [Check yes if the child has difficulty, as compared to other children of the same age who do not have impairments, doing any of the following: (1) attending to and completing tasks; (2) interacting and relating to others; (3) moving about and manipulating objects; (4) caring for himself/herself.
2. Has the child been hospitalized or required medical treatment for a medical disability or psychiatric condition that has lasted or can be expected to last 12 months or result in death?
3. During the past year, has the child required medication on a daily basis?
4. Has the child had school absenteeism due to health or behavioral problems?
5. Has the child been tested for OR does the child attend special education classes? (Does the child have an Independent Education Plan (IEP), a pending IEP, or does the child qualify for services under Section 504 (504 Plan or accommodations) or is the child being assessed for these services?
6. Does the child require adaptations in order to function including assistive devices or appliances such as eyeglasses, hearing aids, orthopedic devices, or devices for self-care activities such as bathing, feeding, toileting, and dressing?

I hereby declare that the above made statements are true to the best of my knowledge and belief, and that I understand that the child may be denied care now or at any time under the care of Sparks Academic Development Academy.

Parent Signature _____ Date Signed _____

Printed Name _____

Director Signature _____ Date Signed _____