



STUDENT INFORMATION

Full Name: _____ DOB: _____ Sex: _____

Diagnoses: _____

Date of Tour: _____ What school year are you interested in? _____

SCHOOL INFORMATION

Current School: _____ Current Grade Level: _____

Does your child have a current IEP? (Choose one) Y N

Does your child have a current psychological and/or educational evaluation? Y N

Is your child eligible for any state-funded scholarships? Y N Notes: _____

If YES, have you filed intent or begun the application process? Y N

FAMILY INFORMATION

1st Guardian's Name: _____ Phone (Home/Cell): _____

Relationship: _____ Email Address: _____

2nd Guardian's Name: _____ Phone (Home/Cell): _____

Relationship: _____ Email Address: _____

STUDENT OBSERVATION AGREEMENT

I understand (initial):

_____ I must submit my child's IEP and/or psychological evaluation, complete an inquiry phone call, and complete a tour of Mainspring Academy prior to scheduling my child's observation.

_____ This document is the Student Observation Application. Payment and completion of the Student Observation does not indicate program acceptance. If my child's enrollment to Mainspring Academy is accepted after my child's observation, then I will receive an enrollment contract and a Student Enrollment Packet.

_____ A Cumulative Records Request is included in this application. If my child's enrollment is accepted after their observation, Mainspring Academy will send this request to my child's previous school as soon as I have signed an official Student Enrollment Contract.

_____ In order to schedule my child's observation, I must complete this application in full and pay the Student Observation Fee of \$100.00. Exemptions to the Student Observation Fee are limited to the discretion of the Head of School.

_____ If my child's enrollment is accepted after their observation, the \$100.00 Student Observation Fee will be applied to my child's Student Registration Deposit upon acceptance to the School.



_____ As soon as I have signed an official Student Enrollment Contract and paid the Student Registration Deposit, I have begun the official enrollment process. My decision to revoke my child's placement at any time during the official enrollment process may affect the school's ability to place another student in my child's spot. For this reason, I understand that the Student Observation Fee is not refundable.

_____ If my child's enrollment is denied by Mainspring Academy, the Student Observation Fee will be refunded in full to my original payment method.

_____ Although my child may be a good fit for enrollment at Mainspring Academy, the most appropriate classroom for him/her may be full at this time. If I choose for my child to remain on the Wait List, the Student Observation Fee is not refundable. If I do not wish choose for my child to remain on the Wait List, the Student Observation Fee will be refunded in full to my original payment method.

_____ I must contact Mainspring Academy immediately by phone or email if I will be late, if I must reschedule, or if I must cancel my child's observation. If I do not cancel within 24 hours of my child's scheduled observation, the Student Observation Fee is not refundable.

_____ Following a 10-minute grace period, late arrivals will result in the immediate cancellation of my child's observation.

_____ The School will not be able to accommodate any additional parent schedule changes after two instances of cancellations, two instances of rescheduled observations, or any instances of no-call, no-shows.

_____ Mainspring Academy staff observes a wide range of prospective students with various skills, needs, behaviors, and communication styles. I understand observations typically last approximately 45 minutes, however there is a possibility my child's observation may end a few minutes earlier or later. I understand that there may be behavioral circumstances in which staff is unable to continue the observation. For these reasons, I understand I must remain within close proximity to the area of the School during my child's observation.

_____ I will not be permitted to accompany my child during his/her observation. In rare cases, administration may allow the outside providers of prospective students to assist them during this time.

_____ I may provide snacks, comfort items (blanket, stuffed animal, headphones, etc.), and communication devices for my child to bring to his/her observation.

_____ I will receive an enrollment decision within two weeks of my child's observation.

I VERIFY THAT THE INFORMATION IN THIS DOCUMENT IN ITS ENTIRETY IS CURRENT AND THAT I WILL IMMEDIATELY INFORM THE SCHOOL OF ANY CHANGES IN THIS INFORMATION. I AM RESPONSIBLE FOR TUITION, FINES, PENALTIES, ATTORNEY'S FEES, AND COURT COSTS RESULTING FROM A FALSIFIED DOCUMENT.

Parent Signature _____ Date: _____



**Mainspring
Academy**

Child's name: _____ Age: _____ Today's date: _____

Parent's name: _____

Please fill out the below survey as accurately as possible. This survey will be used to determine appropriate classroom placement and support needed. The survey will not determine a child's eligibility as a student at Mainspring Academy.

Rating Scale:

0= Not true at all (Never, Seldom)

2=Pretty much true (Often, Quite a bit)

1= Just a little true (Occasionally)

3=Very much true (Very often, Very frequently)

1	Fidgets or squirms in seat	0	1	2	3
2	Is restless or overactive	0	1	2	3
3	Is constantly moving	0	1	2	3
4	Runs or climbs when he/she is not supposed to	0	1	2	3
5	Inattentive, easily distracted	0	1	2	3
6	Is impulsive, acts without thinking	0	1	2	3
7	Requires assistance to engage in social interactions with peers	0	1	2	3
8	Has difficulties generalizing skills across settings	0	1	2	3
9	Can work independently on an academic task for 15 minutes	0	1	2	3
10	Can work independently on an academic task for 30 minutes	0	1	2	3
11	Is hard to motivate, even with rewards like candy or a preferred toy	0	1	2	3
12	Requires redirecting to complete tasks	0	1	2	3
13	Requires assistance to transition within the building	0	1	2	3
14	Requires assistance to transition when outside	0	1	2	3
15	Requires assistance to complete self-care skills (e.g. brushing teeth, combing hair, washing hands, etc.)	0	1	2	3
16	Has a difficult time regulating his/her emotions	0	1	2	3
17	Avoids social interaction	0	1	2	3
18	Avoids others, prefers to be alone	0	1	2	3
19	Bullies or threatens others	0	1	2	3
20	Threatens to hurt others	0	1	2	3
21	Starts a fight with others on purpose	0	1	2	3
22	Needs extra explanation of instructions	0	1	2	3
23	Has trouble getting started on tasks or projects	0	1	2	3
24	Has a short attention span	0	1	2	3
25	Has trouble concentrating	0	1	2	3
26	Requires prompting to respond to questions	0	1	2	3
27	Speaks in phrases	0	1	2	3
28	Uses an augmentative communication device to communicate	0	1	2	3
29	Has tantrums	0	1	2	3
30	Intentionally disobeys and defies those in authority	0	1	2	3
31	Is physically aggressive (hits, kicks, bites etc.)	0	1	2	3
32	Runs away from the designated area	0	1	2	3
33	Throws or destroys items	0	1	2	3

BEHAVIORAL PROFILE INTERVIEW FORM

Person Completing Form _____ Date _____

Childs Name _____

DOB _____ Age _____ Grade _____

Sex _____ Diagnoses _____

1. What are the behaviors of Concern? For each, please define how the behavior is performed, how many times it happens per day/week, how long it lasts, and the intensity in which it occurs (low, medium, high).

Behavior	How it is it Performed?	How often?	How long?	Intensity?
<i>Ex. Hand biting</i>	<i>John bites his hand when I take the ipad away.</i>	<i>5 x's per day</i>	<i>2 seconds per bite</i>	<i>Medium to high</i>

2. Do any of the above behaviors occur together?

3. Are there any events or situations that may trigger the above listed behaviors? (ex. Being told to take a bath, having ipad taken away, etc.) Does your child have any medical complications that may impact their behavior? (eg. Headaches, asthma, etc.)

4. Describe the sleep cycles of the child and the extent to which sleep impacts behavior or school performance.

5. Describe the eating habits and diet of the child and any challenges that you may have with eating. (ex. food selectivity, overeating, swallowing, vomiting etc.)

6. List the child's preferred leisure activities. Please also list any problem behaviors that may occur during leisure activities.

7. List the child's tangible reinforcers (eg. specific foods, devices, toys, characters)

8. Does your child have any restricted interests, OCDs, or stims that impact their ability to participate in school or home activities? Please list.

9. How does your child communicate? (speech, gestures/pointing, sign, communication device, writing, etc.)

10. Where is your child with toileting? (ex. fully independent, has accidents, in pull-ups, etc)

11. Does your child have any behaviors that make you concerned for their safety? (ex. elopement/running away, self-Injury, sexual behavior)

12. How does your child socialize? Do they prefer peers or adults? Do they enjoy interactive play or would they rather be alone?

13. Please list 3 primary goals that you have for your child at school:



**Mainspring
Academy**

Exceptional School. Exceptional Students.

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Fax: (904) 503-0469
www.mainspringacademy.org

Fax

Admin Only:

To: (Name of Student's Previous School)

From: Mainspring Academy

Fax: (Fax Number of Student's Previous School)

Pages:

Phone: (Phone Number of Student's Previous School)

Date

Re: (Student Name and Date of Birth)

cc: **ATTN:** (Staff Name) (Staff Email Address)

Urgent For Review Please Comment Please Reply Please Recycle

Comments:



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Fax: 904-503-0469

Cumulative Record Request

Admin Only:

1st Request _____ 2nd Request _____ 3rd Request _____

To: (Name of Student's Previous School) _____

ATTN: RECORDS

Phone: (Phone # of Student's Previous School) _____

Fax: (Fax # of Student's Previous School) _____

Email: (Email Address of Student's Previous School) _____

Student's Name: _____

Date of Birth: _____

The student above has applied for enrollment or is attending the Mainspring Academy. Please transfer the student's cumulative record, including any score reporting (progress reports and/or report cards), interventions (behavior intervention plans), and any special education (IEP) if applicable.

According to the final regulations of the Family Educations Rights and Privacy Act dated June 17, 1976, it is no longer necessary to obtain written consent of parents to release records to schools.

Mail records to the above address or fax number. Records can also be received via email to info@mainspringacademy.org

Received date: _____