



**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:



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*Exceptional School. Exceptional Students.*

6700 Southpoint Pkwy, Suite 400  
Jacksonville, FL 32216  
Phone: (904) 503-0344  
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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## Cumulative Record Request

Admin Only:

1<sup>st</sup> Request \_\_\_\_\_ 2<sup>nd</sup> Request \_\_\_\_\_ 3<sup>rd</sup> 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](mailto:info@mainspringacademy.org)

Received date: \_\_\_\_\_