BRIDGES ACADEMY at THE THERAPY PLACE
DEVELOPMENTAL SCREEN

Basic Contact Information

Child's Name	
Child's DOB	
Parent's Name	
Mailing Address	
Email Address	
Phone Number	
How did you hear about the Bridges Academy?	

Medical Screening

Does your child have any of the following concerns:

Child's Diagnosis/es			
Heart Condition	☐ Yes	☐ No	
Diabetes	☐ Yes	☐ No	☐ Type I ☐ Type II
Gastric feeding tube	☐ Yes	☐ No	
Tracheotomy	☐ Yes	☐ No	
Allergies (Food or otherwise)	☐ Yes	☐ No	If yes, please list:
Controlled or uncontrolled seizures	☐ Yes	☐ No	☐ Check here if history of seizures. Date of last seizure: Medications used for seizures management: Procedures when child has a seizure:
Other health/medical conditions that require special attention or medication	☐ Yes	☐ No	
List any insurance plan(s) by which your child is covered			

*Tuition for Bridges Academy is not covered by any insurance; however, any therapies your child may be receive while in the program may be billable, providing your child has "Regular" or Fee-for-service Medicaid or BlueChoice Medicaid.

The Therapy Place
3620 Covenant Road, Forest Acres, SC 29204
Phone: (803) 787-3033 Fax: (803) 787-0300

Developmental Screening

Current Therapies			Please list provider(s) & frequency
Speech Therapy	☐ Yes	☐ No	
Physical Therapy	☐ Yes	☐ No	
Occupational Therapy	☐ Yes	☐ No	
Early Intervention (EI)	☐ Yes	☐ No	
Other *please specify*	☐ Yes	☐ No	

Gross Motor			Additional Comments
Sits unassisted	☐ Yes	☐ No	
Moves around independently	☐ Yes	☐ No	
Stands unsupported	☐ Yes	☐ No	
Walks unassisted	☐ Yes	☐ No	
Safely navigate playground equipment	☐ Yes	☐ No	
Uses assistance to walk/move (gait trainer, AFOs, etc.)	☐ Yes	☐ No	If yes, please list:

Fine Motor			
Grasps objects	☐ Yes	☐ No	
Points or isolates index finger	☐ Yes	☐ No	
Hand dominance	☐ Left	☐ Right	
Scribbles	☐ Yes	☐ No	
Traces	☐ Yes	☐ No	
Cuts paper with scissors	☐ Yes	☐ No	

Adaptive/Self-Help			
Bites and chews hard & chewy foods	☐ Yes	☐ No	
Drinks from cup or glass unassisted	☐ Yes	☐ No	If no, what does child use? (bottle, sippy cup, etc.):
Eats with fork/spoon unassisted	☐ Yes	☐ No	
Eats with fingers	☐ Yes	☐ No	
Lets others know when he/she has to potty	☐ Yes	☐ No	
Uses toilet unassisted	☐ Yes	☐ No	
Indicates awareness of soiled/wet diaper/pants	☐ Yes	☐ No	
Food aversions	☐ Yes	☐ No	

Communication

Babbles	Yes	No	
Points or gestures appropriately	Yes	No	
Understands yes/no	Yes	No	
Uses signs	Yes	No	
Uses words	Yes	No	
How does your child primarily get his/her wants/needs met? (words, signs, pointing, device, etc.)			

Cognitive

Recognizes own name	Yes	No	
Carries out one-step directions	Yes	No	
Matches colors and/or shapes	Yes	No	
Identifies colors and/or shapes	Yes	No	
Identifies letters	Yes	No	
Identifies numbers	Yes	No	

Behavior

Does your child have any behaviors that impact their learning	Yes	No	*if yes, please explain below

Social

Initiates & maintains interaction with familiar adult	Yes	No	
Initiates & maintains interaction with peer	Yes	No	
Entertains self by playing appropriately with toys	Yes	No	

Please use additional pages to elaborate on your child. What are your child likes and dislikes? How does he/she get around, communicate, play? Does your child like to be around other children? What else should we know about your child? Feel free to attach an additional sheet, if necessary.

Please email info@thetherapyplace.org with any questions. We hope to announce next steps soon.