**Screening Questions**

 [ ]  Yes [ ]  No Has your child ever harmed animals? If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Yes [ ]  No Has your child ever played with fire or started any fires? If yes, please explain:

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 [ ]  Yes [ ]  No Has your child been a victim of sexual assault? If yes, please explain:

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[ ]  Yes [ ]  No Has your child ever been a victim of human trafficking? If yes, please explain:

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[ ]  Yes [ ]  No Does your child have any hearing loss or wear a hearing device? If yes, please explain:

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[ ]  Yes [ ]  No Does your child have a history of trauma? If yes, please explain:

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[ ]  Yes [ ]  No Has your child ever been diagnosed with a mental health disorder? If yes, please explain:

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[ ]  Yes [ ]  No Does your child wear glasses or contacts? Do they have them? [ ]  N/A [ ]  Yes [ ]  No If no, please explain:

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[ ]  Yes [ ]  No Has your child had to be treated for head lice in the past 30 days? If yes, please explain:

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[ ]  Yes [ ]  No Is your child free of head lice? If no, please explain:

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