



School Health Update

Annual Eligibility Evaluation Transition Interim

School Year: _____

IEP Date: _____

Your child's learning and development depends on good health. The credentialed school nurse is performing an annual assessment to determine continuing eligibility and/or to obtain information to possibly modify the health-related services for this student.

RN Initials: ____ Interviewee was informed: 1) This information will be used to help determine your child's educational needs. 2) This information will become part of the child's educational records and therefore will be safeguarded against unauthorized use. 3) You can choose to NOT answer any or all questions without denial or eligible educational benefits.

Student Name: _____ Date of Birth: _____

School: _____ Teacher: _____ Grade: _____

Parent/Guardian: _____ Home Phone: _____ Cell Phone: _____

Diagnosis: _____

Primary Dr: _____ Last Seen: _____ Dentist: _____ Last Seen: _____

Specialist: _____ Last Seen: _____ Specialist: _____ Last Seen: _____

Specialist: _____ Last Seen: _____ Specialist: _____ Last Seen: _____

Current Medications: _____

Any Allergies to Medication/Food/Insects? _____

Summary of Health (from previous IEP): _____

CVRC Case Manager: _____ CCS/MTU: _____ Immunizations: _____

Attendance Issues: _____ Procedures/Equip. at School: _____

Behavior Concerns: _____

Date

Screening and Observations

_____ Height _____ Weight _____ BMI _____ Comments: _____

_____ Vision Near Rt _____ Lt _____ Far Rt _____ Lt _____ Comments: _____

_____ Hearing Rt _____ Lt _____ Comments: _____

_____ Other Screenings: _____

Systems Review: If there is a problem, check the key word(s) and enter number(s), recommendations, and doctors or agencies care:

- (1) Allergies (2) Asthma (3) Diabetes (4) Endocrine (5) GI (6) Hearing/Ear Issues (7) Heart Condition
- (8) Mental/Emotional (9) Neurological (10) Nutrition (11) Ortho (12) Seizures (13) Vision/Eye Issues (14) Other

Recent Health History and/or Concerns: _____

Summary of Health/Concerns/Recommendations: _____

Interviewee's Name & Relationship to Student: _____ Date: _____ By: Phone In person

Interviewed by (interpreter if applicable): _____ Credentialed School Nurse: _____



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Addendum/Notes: