

Date: _____

To the Parent/Guardian of: _____

Your child's special education services plan is due for re-evaluation. Please complete the attached Health/Development information form and return it to me within three days.

All information will be kept confidential and will be shared only with those working directly with your child. The information is valuable in helping the assessment team understand your child and may be used in developing a plan to promote academic success. If you have any question please do not hesitate to call me.

Sincerely,

School Nurse

Elko County School District
Health/Development Review for Special Services

Student Name: _____ Date: _____

Grade: _____ Date of Birthdate: _____

Name/Relationship of person providing health information: _____

Student Living with(circle all that apply) : Both Parents Mother Father Foster
Other: _____

Natural Parent(s) Names/Involvement if not in home: _____

Student's Health Care Provider: _____

Date of Last Medical Visit: _____ Findings: _____

Student's Dentist: _____

Date of Last Dental Visit: _____ Findings: _____

Health Insurance? _____ Dental Insurance? _____

STUDENT HEALTH HISTORY: (over the course of the past three years)

Any new health conditions/diagnosis the student has received medical treatment for? _____

Have there been any hospitalizations? _____

Any significant injuries requiring medical attention? (i.e. poisonings, fractures, head injuries) _____

Current Medications taken at home _____

Current Medications taken at school _____

Does the student have any physical limitations or require adaptive equipment or facility adaptations? _____

Describe Appetite/Nutrition Habits: _____

Usual bedtime & rising time: _____ Any sleep difficulties? _____

Type/Amounts of physical activity: _____

Is he/she able to physically keep up with other children? _____

Favorite activities: _____

Extracurricular or Community Group participation: _____

Describe Relationships with: Siblings _____

Peers: _____ Adults: _____

Does he/she make friends (circle one) EASILY or SLOWLY?

Number of Friends(circle one) : FEW/MANY/ ONE GOOD

How would you describe his/her personality? (circle one) SHY/ OUTGOING/ QUIET/
ACTIVE/ CONFIDENT/ OTHER: _____

Any behavior changes/concerns? _____

Attitude toward school: _____

Subject/class likes: _____ Dislikes: _____

Have there been any changes in the student's life or family issues that may be affecting the student's school performance? _____

Additional Comments/Information: _____
