

INTERVENTION AND REFERRAL SERVICES

SAMPLE SCHOOL NURSE/SCHOOL HEALTH FORM

Confidential

TO: _____
FROM: I&RS Team
REFERENCE: _____
DATE: _____

Please complete and return this form to the I&RS Team by: _____

Health History

Is the student currently taking any medication? If yes, please identify. _____

Are you aware of any prior use of medication by the student? If yes, identify each medication and condition treated. _____

Are you aware of any medical or other condition that could interfere with the student's ability to perform in school? If yes, please describe the condition and its implications.

Health Assessment

Date of birth: _____
Height: _____ Weight: _____
Vision: _____ Hearing: _____
Skin: _____ Posture: _____
Comments: _____

Socialization

Observable behaviors: _____
Behavioral changes: _____
Comments: _____

Physical Appearance (e.g., personal hygiene, fatigue, odor of smoke, attire)

Visits to Nurse

Frequency/Number: _____
Reasons: _____

Physical Education Excuses

Number: _____
Reasons: _____
Comments: _____

Student Strengths

Skills

Positive Characteristics

Environmental Supports

Other

Other Pertinent Information
