

PRESCHOOL MEDICAL HISTORY FORM



Weber School District
5320 Adams Avenue Parkway
Ogden, UT 84405

| | | | |
|---|-------------------------|--|--|
| STUDENT'S FULL NAME: | | | FATHER'S TYPE OF WORK _____ |
| | | | MOTHER'S TYPE OF WORK _____ |
| | | | THIS FORM FILLED OUT BY: (print your full name) _____ |
| STUDENT'S GENDER: <input type="checkbox"/> Boy <input type="checkbox"/> Girl | STUDENT'S AGE: _____ | GRADE IN SCHOOL: _____ <input type="checkbox"/> Not attending school | Your relation to the student: <input type="checkbox"/> Biological Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other (specify) _____ |
| STUDENT'S BIRTHDAY: Mo Day Year | | TODAY'S DATE: Mo Day Year | |

> The medical history gathered by a school nurse is not intended to make a diagnosis. The nurse gathers information from outside agencies and parents to determine if there are specific syndromes, health concerns, medication and any information deemed necessary for planning the student's educational program. **This form is completed as part of a COMPREHENSIVE and INDIVIDUAL EVALUATION to determine IDEA Eligibility.**

Your answers to the questions below will be helpful in planning your child's school program. Only authorized school personnel working with your child will review your answers.

> > **Please explain all YES answers briefly. Write on back of form or on separate paper if necessary.**

Yes No

1. Were there any unusual pregnancy, labor, or delivery problems with your child? _____

2. Is there a family history of any chronic physical or mental health conditions? _____

3. Has your child had any history of high fevers, convulsions, injuries or long-lasting illnesses? _____
4. Has your child ever been on medication? _____
5. Is your child presently on medication? _____
6. Does your child have any hearing, vision, or speech problems? Any physically handicapping condition? _____

7. Do you feel that your child might be less active than most children? _____

8. Do you feel that your child might be more active than most children? _____
9. Did your child have difficulty learning to walk? _____

10. Have you noticed any difficulty at home with your child learning or remembering? _____

11. Does your child have difficulty understanding and following instructions? _____

12. Does your child have difficulty getting along well with his/her brothers and sisters? _____

Yes No

13. Does your child have any chronic health issues? _____

14. Have there been any behavior problems at home? _____

15. Have you ever had any help for your child from any community or private agency such as a hospital, mental health agency, etc? _____

16. Is there any language other than English spoken in your home? _____

| | Below Average | Average | Above Average |
|--|--------------------------|--------------------------|--------------------------|
| How well does your child understand this language? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How well does your child speak this language? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

17. At what age did your child begin to use single words? _____

18. At what age did your child begin to talk in short sentences? _____

19. At what age did your child walk alone? _____

20. How would you describe your child's behavior?

- Friendly
- Demanding
- Leader
- Shy
- Follower
- Other _____

21. What concerns you most about your child?

22. Please describe the best things about your child.

23. Is there anything else you would like us to know about your child?