

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 _____		
STUDENT'S GENDER: <input type="checkbox"/> Boy <input type="checkbox"/> Girl			STUDENT'S AGE: _____	GRADE IN SCHOOL: _____	
			<input type="checkbox"/> Not attending school		
STUDENT'S BIRTHDAY: Mo Day Year		TODAY'S DATE: Mo Day Year		THIS FORM FILLED OUT BY: (print your full name) _____	
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) _____	

>> **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, hop, skip, or ride a bike? _____
10. Has your child missed more than 25 days in one school year? _____
11. Have you noticed any difficulty at home with your child learning or remembering? _____
12. Does your child have difficulty understanding and following instructions? _____
13. Does your child have difficulty getting along well with his/her brothers and sisters? _____
14. _____
Does your child have difficulty getting along well with children in the neighborhood?
15. Does your child have difficulty completing and handing in homework that is well within his/her ability? _____

Yes No

16. Does your child have any chronic physical or mental health issues that could be affecting their attendance or behavior at school? _____
17. Have there been any behavior problems at home? At school? In the neighborhood? _____
18. Does your child receive special education or remedial services or attend a special class? _____
19. Have you ever had any help for your child from any community or private agency such as a hospital, mental health agency, etc? _____
20. Has your child repeated any grades? Grades and reasons: _____
21. 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"/>

22. At what age did your child begin to use single words? _____
23. At what age did your child begin to talk in short sentences? _____
24. At what age did your child walk alone? _____

25. **Check a box to indicate how your child is doing in each subject:**

	Significant deficit	Below Average	Average	Above Average
a. Reading, English, or Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. History or Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Arithmetic or Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. How would you describe your child's behavior?
- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Demanding | <input type="checkbox"/> Follower |
| <input type="checkbox"/> Leader | <input type="checkbox"/> Other _____ |

27. What concerns you most about your child?

28. Please describe the best things about your child.

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