Child's Name: Contact Person:

DOB: Role of Contact Person:

Parent Name: Nurse Name:

School: Nurse Contact Info:

School Address:

Release of Information Attached?

School Phone Number: HIPAA Compliant Yes Already Sent

School Fax Number: FERPA Compliant Yes Already Sent

**Educational Status:**

☐ Regular Education Academic Services

☐ School Provides Additional Interventions: Reason:

Description:

☐ Individual Education Plan (IEP): Educational Disability(ies): \_

☐ 504 Plan:Reason:

**Services and Supports (Check all that apply): Frequency and Description? Units per week of consult, direct individual service, direct groups service**

☐ Speech/Language Therapy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Occupational Therapy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Physical Therapy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Counseling \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Social Skills Instruction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Paraprofessional Support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Behavior Plan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Specialized Instruction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What specific questions would the school like the physician to address?

What are the child’s major strengths and interests?

What are the child’s major barriers and roadblocks to learning?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Skills Checklist | Above Grade Level | On Grade Level | Below Grade Level | Comments: Please provide specific supplemental information for all areas below grade level. |
| Overall Academics |  |  |  |  |
| Reading |  |  |  |  |
| Writing |  |  |  |  |
| Math |  |  |  |  |
| Fine Motor Skills |  |  |  |  |
| Gross Motor Skills |  |  |  |  |
| Communication |  |  |  |  |
| Social Skills |  |  |  |  |
| Executive Skills |  |  |  |  |
| Behavioral Regulation |  |  |  |  |
| Sensory Regulation |  |  |  |  |
| Emotional Regulation |  |  |  |  |
| Regulation of activity level |  |  |  |  |
| Regulation of attention |  |  |  |  |
| Adaptive Skills/Activities of Daily Living |  |  |  |  |
| General Health |  |  |  |  |
| Toileting |  |  |  |  |
| Other: |  |  |  |  |

What other information do you feel would be helpful?