

Student: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**STUDENT BACKGROUND REVIEW**

**HEALTH HISTORY**

- Vision Concern
- Contacts/Glasses
- Hearing Concern
- Hearing Aids
- Ear Tubes
- Frequent Ear Infections
  
- ADHD
  
- Allergies (life threatening)  
List or check:
  
- Asthma  (Inhaler Dependent)
- Student requires rescue inhaler at school
- Yes  No
- Student requires Epi-pen
- Diabetic  (Insulin Dependent)
- Seizures/Epilepsy  (Medication Required)

**Student needs to take medication at School**

- Yes  No
- Other Diagnosis: \_\_\_\_\_
- Medications: \_\_\_\_\_
  
- Fine Motor
- Gross Motor
- Wheelchair
- Personal Hygiene
- Health Plan in Place:

**COMMENTS:**

**BEHAVIORAL INFORMATION**

- Office Discipline Referrals:  
# \_\_\_\_\_
- Fix Its.# \_\_\_\_\_
- Intervention Plans-Grade
- Behavior Assessment
  - BASC
  - Conners
  - Other: \_\_\_\_\_

**COMMENTS:**

**PAST AND PRESENT SCHOOLS/ SERVICES**

- Intervention Plans- Grade: \_\_\_\_\_
- Title 1- Grade: \_\_\_\_\_
- ELL Services- Grade: \_\_\_\_\_  
Primary language: \_\_\_\_\_  
Secondary language: \_\_\_\_\_
- Section 504 Plan- Grade: \_\_\_\_\_
- SPED Eval/Services- Grade: \_\_\_\_\_
- Preschool - Grade: \_\_\_\_\_
- Out of District- \_\_\_\_\_  
Location: \_\_\_\_\_ Grade: \_\_\_\_\_
- Previous schools attended: \_\_\_\_\_
- Retained- Grade: \_\_\_\_\_
- Other (social services, juvenile services, foster care, child in transition, home schooling etc.)  
\_\_\_\_\_

**ATTENDANCE**

YEAR	Days Absent/Present	Tardiness
Current	/	
<input type="checkbox"/> Note Past Attendance Concerns		