

OFFICE OF THE SCHOOL NURSE

INDIVIDUALIZED HEALTH ASSESSMENT

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PREPARED: \_\_\_\_\_

SUBJECTIVE:

\_\_\_\_\_’s teacher has tried many classroom modifications for \_\_\_\_\_. \_\_\_\_\_ continues to experience difficulties in the classroom. There is a concern for \_\_\_\_\_’s academic progress. The teacher is referring \_\_\_\_\_ for problems with: inattention, hyperactivity, impulsivity, and aggressiveness.

OBSERVATION:

\_\_\_\_\_ seems to be an active, alert \_\_\_\_\_. \_\_\_\_\_ will make eye contact and is cooperative. \_\_\_\_\_ speech is clearly enunciated and in proper syntax. \_\_\_\_\_ appears to be well nourished. Clothing is clean; neat; and appropriate to place, age and weather. Skin is warm and dry, hair clean, eyes clear. \_\_\_\_\_ moves about freely. Normal response for all soft neurological signs. Vision (near and distance acuity) is WLN, and PERRLAEOM. Hearing screening results are within normal limits (all frequencies @ 20db), TM’s clear, landmarks present. \_\_\_\_\_ immunizations meet DoDDS minimum requirements. There were no medical concerns noted on the health history completed by the parents at registration. \_\_\_\_\_ receives medications at school for \_\_\_\_\_.

ASSESSMENT: Based on information received from the Teacher, \_\_\_\_\_ may be experiencing:

1. impaired thought process related to: inability to consistently process input, shortened attention span, decreased ability to exert mental effort and/or decreased ability to selectively focus, concentrate;
2. self-esteem alteration due to: behaviors; impulsivity, aggression, and inability to self-control, inadequate peer relationships, internalization of negative feedback, self-perception that she/he is more tense, restless than peers, stigma of feeling “different” or singled out;
3. ineffective coping skills related to; decreased ability to plan, decreased ability to self-limit behaviors, decreased ability to anticipate consequences of actions, decreased ability to generate several options of possible response to a stimulus, increased risk-taking behaviors;
4. sensory-perception alteration related to; decreased ability to sort for relevant data, decreased ability to focus on the appropriate data, decreased ability to choose which sensory data to consider relevant, decreased rate of processing or incomplete processing of sensory inputs.

PLAN:

1. Refer for a complete medical assessment by primary care physician.
2. Establish a school medication regime, if medication is prescribed.
3. Establish school monitoring program.

SUBMITTED BY: \_\_\_\_\_  
NAME AND TITLE DATE