

Initial Student Assessment—Grades 6 and up

Student: _____

Grade: _____

Date of birth: _____

Social

Date of assessment: _____

Names of family/guardians: _____

Main supportive people: _____

Other household members: _____

How long have they been in the current living situation? _____

Do they meet the definition of homeless? No Yes

Do they feel safe in their personal relationships? Yes No

Tobacco use? No Yes, how much/how long: _____

Second hand smoke? No Yes, _____

Alcohol use? No Yes, how much: _____

Other substance? No Yes, what: _____

Currently seeing a counselor? No Yes, who? _____

Health insurance? Yes No, referral: _____

Medical

Date of assessment: _____

Student Health form received and reviewed: Yes No, given to student _____

Health problems identified: _____

Is there a risk of pregnancy? No Yes, prevention plan: _____

Medications: _____

Hospitalizations: _____

Vision screen: Right: _____ Left: _____ Glasses/Contacts

Immunizations reviewed and needs: _____

Current health care provider: _____

Last Well Child exam: _____

Last HCP visit: _____ For what: _____

Understanding of health condition:

Skill at managing health condition:

_____ _____ _____ _____ _____ _____
Height Weight BMI Pulse B/P Respirations

General appearance:

Head/Neck:

Heart/Lungs:

Abdomen:

Other:

Assessment summary:

Strengths

Risk or Needs

Plan

Release of Information	Obtained	Needed	Contact Information
Counselor:			
Health care provider:			
CPS case worker:			
Probation Officer:			
School nurse:			

Care plan shared with:

Student

Parents/Guardian/Family members: _____

School Staff: _____

Nurse Case Manager

Date