

Initial Student Assessment—Grades K-5

Student: _____

Grade: _____

Date of birth: _____

Teacher: _____

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 in house? No Yes, how much: _____

Currently seeing a counselor? No Yes, who? _____

Health insurance? Yes No, _____

Medical

Date of assessment: _____

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

Health problems identified: _____

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:			

Plan shared with:

Student

Parents/Guardian/Family members: _____

School Staff: _____

Nurse Case Manager

Date