



- Initial Assessment
- Reevaluation
- ARD Request

Name: _____ DOB: _____ Student ID#: _____

Campus: _____ Grade: _____

- Sources:
- Comprehensive Assessment Report/Eligibility Reports
 - Information from Licensed Physicians (Orders or Prescriptions)
 - Information from the Parent

Name of Physician Recommending, Ordering or Prescribing Health Services Phone Number

Diagnostic Impressions: _____

Specific Health Services Needed: This student requires the provision or supervision of the following School Health Services by a registered nurse in the school setting.

- Dispensing of Prescribed Medication in School:
- Training and Supervision of Health Procedures related to:
 - Catheterization Gastrostomy feeding Tracheostomy monitoring
 - Suctioning Seizures _____
- Monitoring Equipment/Environmental Needs:
 - Wheelchair Braces Other _____
- Monitoring: Special Diet Required Rest Periods Positioning _____
- Periodic Assessment of Medical Condition in Instructional Setting
- Screening and Referral for Health Needs
- Consultation with the Physician and parents regarding the effects of medication
- Conferences with students and their families concerning health care practices and services
- Training in Emergency Care for Staff and/or Parents

Eligibility Statement:

Based on the information reported, it is the professional opinion of this nurse, that this:

- Student does need the related services of School Health Services to benefit from his/her education
- Student does not need the related service of School Health Services to benefit from his/her education.

If Eligible, Recommended Time, Frequency, And Duration for Health Services:

Time _____ Frequency: _____ Duration of Services _____

All students who are eligible for School Health Services receive and benefit from an array of intervention models, including direct services, consultation, monitoring, and supervision.

Signature of School Nurse

Date of Report _____

Copies: State Folder
 Nurse's File