

Health Information for Special Education Evaluation

Student First Name: _____ Student Last Name: _____

Grade: _____ Teacher: _____ Date Health Form Completed: _____

Vision:

Date of Most Recent Vision Screening

Name of Person Conducting Vision Screening:

Type of Vision Screening

- HOTV
- Eye Test Chart for Near Distance
- Sloan
- Other: _____

Position of Person Conducting Vision Screening:

- School Nurse
- Nurse
- Doctor
- Speech-language pathologist
- Other: _____

Vision Results: passed failed
 with corrective lenses without corrective lenses

Additional information about vision results:

As a result of the vision screening, is there any need for further assessment? YES ____ NO ____
If yes, explain:

Has any follow-up treatment been recommended? YES ____ NO ____
If yes, explain:

Hearing:

Date of Most Recent Hearing Screening

Name of Person Conducting Hearing Screening:

Type of Hearing Screening

- Sweep
- Sloan
- Sweep
- Sound Field
- Audiometer
- Auditory Brainstem Response (ABR)
- Pure-Tone Testing
- Five Sound Test
- Other: _____

Position of Person Conducting Hearing Screening:

- School Nurse
- Nurse
- Doctor
- Speech-language pathologist
- Other: _____

Hearing Results: passed failed
 with hearing aid/device without hearing aid/device

Additional information about hearing results:

As a result of the hearing screening, is there any need for further assessment? YES ____ NO ____
If yes, explain:

Has any follow-up treatment been recommended? YES ____ NO ____
If yes, explain:

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Other Health Information:

Does the student exhibit any signs of health or medical problems? YES ____ NO ____

If yes, explain:

Is there a need for further assessment or referral of a medical problem? YES ____ NO ____

If yes, explain:

Is the student receiving any medication at school? YES ____ NO ____

If yes, specify:

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Does the student require adaptive equipment or facility adaptation? YES ____ NO ____

If yes, specify: