

Special Education Nurse Screening Summary Form

Student Name: _____ DOB: _____ Student #: _____
School: _____ Teacher: _____ Grade: _____

Nursing Recommendations:

- Student may be tested
- Include Nurse in IEP
- Individualized Healthcare Plan/School Health Monitoring: Copy to be included with IEP

- Medical Records Requested
- Physical Access Concern
- Periodic Grade Level Screening
- Other:

- Instruction in Self Health Care Management
- Case Management
- The following medical/nursing interventions are needed for the student to access his/her education:

Vision: Screening Date _____ No Concerns Area of concern Referred

Hearing: Screening Date _____ No Concerns Area of concern Referred

Health: Screening Date _____ No Concerns Area of concern Referred

Referred to Medical Provider for: _____

Comments and Explanation of Areas of Concern

Vision: _____ Corrective Lenses

Hearing: _____ Followed by Audiology Last report date _____

Medical Diagnosis: _____

Current Medications: _____

Summary of Educational Impact of this Student's Health: _____

The SCHOOL NURSE is available for any questions, concerns or additional information.

The SCHOOL NURSE is available at this school: Daily MON TUE WED THUR FRI

Name/Signature of Nurse: _____ Date: _____