

HEALTH ASSESSMENT SUMMARY

VENTURA COUNTY SELPA

CONFIDENTIAL

Date of Report: _____
Name: _____
D.O.B: _____
Parents: _____
Home Phone: _____

School: _____
Teacher: _____ Grade: _____
Sex: (Check) Female Male
Address: _____
City: _____ Zip: _____

Type of Report: Initial Triennial Other _____

This report is a summary of significant findings following review of *(Choose applicable)* parent/guardian health questionnaire and /or interview, school health and/or medical records information, student interview and/or physical assessment/observation, teacher consultation, other _____

(If available: Refer to Parent, Health, Developmental, and Social History Questionnaire for detailed information).

SCHOOL HEALTH SCREENING ASSESSMENT

Type of Health Screening	Date	Examiner	Results
Vision Screening			
Hearing Screening			
Spinal Screening			
Color Screening			
Other			

HISTORY

Health and Developmental Information

- Prenatal, perinatal, neonatal
- Developmental milestones

Medical Findings

- Hospitalizations/illnesses
- Previous health care/treatment

Family Health

- Family members
- Major health or genetic disorders
- Risk Factors

CURRENT HEALTH STATUS

Physical

- Allergies
- Medication
- Immunization Status
- Nutrition
- Head, eyes, ears, nose, sinuses, mouth, and throat
- Physical Development

