

Special Education Program - Triennial Health Update

IEP Date/Time: _____ Teacher: _____ School: _____

Student: _____ DOB: _____ Grade: _____

Parent: _____ Home Phone: _____ Cell: _____

Parent: _____ Home Phone: _____ Cell: _____

Allergies: _____ ☐ Insurance: _____ Dentist: _____

Physician: _____ Cardiologist: _____

Neurologist: _____ Gastroenterologist: _____

Other: _____ ☐ Immunizations Missing _____ ☐ Immunizations UTD

Health History: _____

Mental Health:

Restrictions/limitations? _____ AFO/SMO ☐ Wheelchair ☐ Walker ☐ Dependent for ADLs ☐

Date of Last Physical Exam: _____ Results: _____

Hearing – Previous – Date: _____ Results: _____

Hearing - Date: _____ Current: ☐ MAICO PILOT R _____ dB L _____ dB ☐ Functional

☐ Audiometry P F _____

Vision – Previous – Date : _____ Results: _____

Vision - Date: _____ Current: ☐ LEA ☐ SLOAN OU - _____ R - _____ L - _____

Spot:P/F ☐ Ishihara: P/F Functional: P/F ☐ Tracking _____ Near OU - _____

Dental screening during assessment: _____

Date of last dental screening/exam: _____ Results: _____

Illnesses/Hospitalizations in past three years: _____

Special Diet? _____ ☐ Meal Accommodation Form Lunch from: ☐ Home ☐ School

Current Medications/dosages/times: _____

Specialized Healthcare Procedures: _____

Remember: ☐ Sedation Dentistry resources ☐ Vision/Hearing Referral Form ☐ Other: _____

To Do: ☐ Nursing services on IEP _____ ☐ Bus Rider on IEP ☐ Update CP _____

Completed by: _____ (School Nurse) Spoke with: _____ Date: _____

Interpreter Services Provided by: _____ Form Completed By: _____

SEIS _____ UPLOAD PDF TO SEIS _____ PROMIS _____ CUM _____