

Licensed School Nurse Assessment of Health / Physical Status

The following components are designed to be a guide that may be utilized in the process of completing an LSN assessment.

Student _____ M ☐ F ☐ DOB: _____
School _____ ID# _____ Grade _____
Parent / guardian _____ Phone (H) (_____) _____
Address: _____ Phone (W) (_____) _____
_____ Cell/pager (_____) _____

I. Health History

Family health history

☐ Diabetes ☐ Asthma ☐ Genetic / Inherited diseases ☐ Learning Disability ☐ Thyroid
☐ Mental illness ☐ ADHD ☐ Other _____

Comments: _____

Pregnancy / Labor / Delivery / Neonatal history (gestational age, complications, tobacco, alcohol, or chemical use)

Developmental history (age at which milestones reached)

____ Talked ____ Walked ____ Toilet trained ____ Any concerns _____

Growth history (pattern of growth, any concerns) _____

Childhood illnesses / injuries / lead exposure _____

Hospitalizations / surgeries _____

Chronic health conditions _____

II. Current Health Status

Medical diagnoses / health conditions _____

Treatments _____

Medications _____

Alternative therapies _____

Immunization status _____

Allergies _____

Vision _____

Hearing _____

Review of systems (any concerns in the following areas)

General Appearance _____

Head _____

Eyes, ears, nose, throat _____

Respiratory _____

Cardiovascular _____

Gastrointestinal _____

Genitourinary _____

Musculoskeletal _____

Neurological _____

Endocrine _____

Skin _____

Mental health _____

Social /emotional _____

Behavior _____

Cultural _____

Family _____

Chemical use _____

Other _____

III. Daily Living

Sleep patterns: Bedtime at _____ Awakens at _____

Problems with sleep _____

Nutrition (limitations / allergies) _____

Feeding _____

Elimination / toileting _____

Menses (onset, frequency, duration, pain) _____

Self care skills _____

Activity / Mobility / Limitations _____

IV. Transition Health Issues (age 14 and up)

See Transition Addendum, page 5, of this document

V. Health Care

Health care providers:

Name	Specialty	Clinic/Location	Phone

Outside agencies (nursing, equipment, etc.) _____

Health Insurance coverage: ☐ Yes ☐ No

Describe insurance / need: _____

VI. School Setting

Attendance _____

Adaptive equipment or supplies needed in school _____

Medications / treatments needed in school _____

Health problem that can result in an emergency _____

Health problem that could interfere with learning _____

Individual Health Plan (IHP) / Emergency Health Plan (EHP) needed _____

VIII. Physical Measures / Nursing Observation (may include the following)

Peak flow meter readings _____

Blood glucose monitoring _____

Vital signs: temp, pulse, BP, respirations _____

Height / weight and percentiles _____

Vision & Hearing screening _____

Physical exam: **may** include general appearance, eyes, ears, nose, mouth, throat, lungs, heart, abdomen, musculoskeletal, neurological, integumentary

This section is optional. Use this space to record any portion of a physical exam that you do, i.e.: otoscopic exams, auscultation of lungs, inspection of the throat

VIII. Evaluation Report and Individual Education Plan (IEP) information

The evaluation report is a collective **summary** of all of the evaluations completed. The evaluation report must include a summary of the information obtained in the Licensed School Nurse Assessment of Health / Physical Status and written in language that is clear to parents and non-health professionals.

The evaluation report includes:

- ◆ General health status
- ◆ Parent / guardian concerns
- ◆ Vision / hearing status
- ◆ Past and current health conditions affecting the student in the education environment and the education needs related to the health condition (Make the link between health and education)
- ◆ Nursing service or other accommodation needed in the educational environment

Nursing services grid for the IEP:

Instruction or Service Provided	Location		Anticipated Frequency	Total Minutes per Week		Service	
	General Education	Special Education		Indirect	Direct	Start Date	Anticipated Duration
Nursing							

IEP Adaptations:

Individual Health Plan (IHP) / Emergency Health Plan (EHP) developed ☐ Yes ☐ No

Consent obtained for 3rd party billing ☐ Yes ☐ No

Sources of information utilized:

____ teacher / classroom staff interviews

____ observation of student

____ student interview

____ review of medical records

____ nursing physical exam

____ review of pupil health record

____ parent interview

____ other

Assessment completed by: _____ Date: _____

Transition Addendum (for students age 14 and older)

When completing a transition Health Assessment, consider that the student will move from traditional school to community-based activities. Consider skills and accommodations needed for the student to participate in the five areas of transition:

- Jobs and jobs training
- Community participation
- Recreation and leisure
- Home living
- Post-secondary education/ training

Transition Health Issues

Can the student:

- Describe their disability / chronic health condition: _____

- Describe how to manage their disability / chronic health condition in various settings: _____

- Identify health care providers and insurance coverage: _____

- Make medical appointments, record them on a calendar, and arrange transportation: _____

- Be responsible for:
 - taking medications, refilling prescriptions: _____
 - doing treatments, ordering supplies: _____
 - limiting risky behaviors including smoking, drinking and driving, unprotected sex: _____
 - carrying identification: _____
 - caring for menstrual needs and keep a record of periods: _____
- Understand healthy habits:
 - hygiene: _____
 - nutrition: _____
 - exercise: _____
 - preventative health and dental care: _____
- Understand physical changes during puberty and obtain information as needed: _____

Completed by: _____ Date: _____