

**DAVIS SCHOOL DISTRICT
SPECIAL EDUCATION DEPARTMENT
HEALTH PROFESSIONAL REPORT**

Medical History Completed by: (Name and title, please print)	Date of Report:
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Student Name:	Student ID:	Date of Birth:
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Dear Health Care Professional,
 As part of the evaluation process for special education eligibility determination, the school team must consider the student's prior medical history regarding specific syndromes, health concerns, medication, and any information that will help the school team determine the student's educational needs related to his/her medical history. *This information must be from a qualified health or mental health professional.*
This form is completed as part of a COMPREHENSIVE and INDIVIDUAL EVALUATION to determine IDEA Eligibility.

Specific Syndromes, diagnoses and/or special health problems if any:

No specific syndromes, diagnoses, and/or special health problems exist.

Implications of the impairment in an educational setting (check all that apply):

Excessive impulsivity or hyperactivity.
 Memory deficits (short-term and/or long-term).
 Difficulty with mobility, seating and/or self-help skills (i.e. feeding, dressing, toileting).
 Limited strength or vitality resulting in the need for smaller group specialized instruction.
 Sensory limitations: vision impairment hearing impairment other: _____
 Difficulty maintaining alertness in the regular classroom due to limited or heightened alertness to environmental stimuli.
 Difficulty performing full-day activities found in a regular classroom setting, including:
 Other:

Is the student taking medication for this condition? Yes No
 If yes, list medication(s):
 What is the expected effect of the medication on classroom functioning?
 There is no expected effect on classroom functioning.

Long term medical prognosis:

The diagnosis, syndrome, or special health problems should not impact the student's long term medical prognosis.

↑Clinic/Office Address	↑ Clinic/Office Phone Number
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↑Signature of Health Care Provider Completing Medical History

If the school team is sending this form to the medical provider, a parental consent for release of information is required.
 If the parent is providing this form to the medical provider, consent is implied.