

PINELLAS COUNTY SCHOOLS
ESE CONFIDENTIAL STUDENT MEDICAL PLANNING INFORMATION – PRIORITY
STUDENT INFORMATION CHECKLIST

Student:

Student ID#:

School:

Date:

Please describe any “Yes” response in the textbox beside the item.

YES	NO	
☐	☐	Is a language other than English the primary language spoken at home?
☐	☐	Is there a medical condition requiring a school nurse to be available? If yes, describe the frequency the support is required (daily, weekly, monthly):
☐	☐	Are there any medical conditions/diagnoses which would require staff awareness and special training? (transfers, diabetes, seizures):
☐	☐	Does the student have seizures?
☐	☐	Is oral medication prescribed or does the student require diastat?
☐	☐	If diastat is required, when is it administered (# of minutes):
☐	☐	Does the student take medication?
☐	☐	Does the student have cardiac concerns?
☐	☐	Has the student ever had surgery?
☐	☐	Does the student have any breathing problems?
☐	☐	Are there any concerns related to swallowing or choking?
☐	☐	Are there issues with mobility? How far can the student walk?
☐	☐	Is equipment for mobility needed (walker/braces/wheelchair/other)?
☐	☐	Is special seating or positioning required in the classroom?
☐	☐	Are there any allergies such as peanut butter, bug bites, or latex? If yes, is an epipen required?
☐	☐	Are there food precautions needed (food cut up/pureed/other)?
☐	☐	Is help needed with feeding (equipment/assistance/staff training)?
☐	☐	Is assistance required for toileting (1 or 2 person assist/special equipment/staff training)?
☐	☐	Does the student use nonverbal communication (gestures/pictures/assistive technology/other)?
☐	☐	Does the student wear eyeglasses?
☐	☐	Does the student use a hearing aid? If yes, describe method of communication (verbal/sign language/lip reading):
☐	☐	Does the student display any behavior problems?
☐	☐	Does the student require special transportation (lift bus/harness/seatbelt/air conditioning/other)?
☐	☐	Are there any physical conditions limiting physical activities? If yes, answer the next question.
☐	☐	Has the student been cleared by a doctor for physical activities?
☐	☐	For students diagnosed with Down Syndrome , has C1-C2 X-ray been taken? If yes, describe the results:

Please Include All Emergency Medical Information Below: