

Confidential: All information must be specific, descriptive, observable, and factual

IAT HEALTH FORM (OPTIONAL)

Student: _____ Grade: _____

Nurse: _____ Date: _____ School: _____

Please return this form to the Intervention Assistance Team by: _____

Previous Health History

Known Health Problems:

Medications (current and previous, and for what):

Health Assessment

Height: _____ Weight: _____

Vision: _____ Hearing: _____

Physical Appearance (i.e. Personal hygiene - dress- -odor of smoke - etc.)

Visits to Nurse:

Frequency: _____

Reasons: _____

Physical Education Excuses: _____

Reasons: _____

Other Pertinent Information:

What do you see as the student's strengths; including life skills, assets, resources, interests and talents? Use the back of this sheet.