Individual Child Health Summary

2010-2011

Child's Name: _____ **Classroom:** _____ **AM or PM**

Growth Measurements:

***Refer to Attached Sheet at enrollment explaining BMI for Children Calculations and Meaning**

Enrollment __/__/__

Height: _____ inches
Weight: _____ pounds
***Body Mass Index/Age %:** ____
☐ Underweight
☐ At Risk For Underweight
☐ Normal Range
☐ At Risk for Overweight
☐ Overweight

Comments:
_____
_____
_____

At Risk (Mid-Year) __/__/__
(for those>90% or<10%)

Height: _____inches
Weight: _____ pounds
***Body Mass Index/Age %:** ____
☐ Underweight
☐ At Risk For Underweight
☐ Normal Range
☐ At Risk for Overweight
☐ Overweight

Comments:
_____
_____
_____

Spring __/__/__

Height: _____inches
Weight: _____ pounds
***Body Mass Index/Age %:** ____
☐ Underweight
☐ At Risk For Underweight
☐ Normal Range
☐ At Risk for Overweight
☐ Overweight

Comments:
_____
_____
_____

***Referral Sent To:** _____ **Date:** _____
***Follow-up Completed by:** _____ **on** __/__/__.

Comments: _____
_____

Vision Screening:

Pass | Referred to Specialist __/__/__ | Follow-up Complete __/__/__ | Needs Follow-up __/__/__

Comments:
_____
_____

Hearing Screening:

Pass | Rescreen needed __/__/__ | Referred to Specialist __/__/__ | Follow-up Complete __/__/__

Comments:
_____
_____

Speech Screening (1st year students):

Pass | Referred | Monitor | Active IEP | IEP Initiated | Tested (Does Not Qualify)

Comments:
_____
_____

Medical/Nutrition Plan of Action: _____

Comments: _____
_____