

**CONGREGATION B'NAI TIKVAH RELIGIOUS SCHOOL
ASSESSMENT OF STUDENT HEALTH**

Student's Name _____ Student's Fall Grade _____ Birthdate _____

This form will be kept in a confidential file in the Religious School office and shared with your child's teacher.

The information will be used:

- to alert teachers so they can create safe and appropriate learning environments;
- in the event of a medical emergency involving your child.

<i>Does your child have any of the following:</i>	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
Fatigue, low energy level, frequent illness	___	___	___
Specific physical condition/illness-past or present (c.p. epilepsy, asthma, diabetes)	___	___	___
Gross motor or fine motor impairment	___	___	___
Allergy (insect stings, foods, drugs, pollen)	___	___	___
Vision / eye problems (glasses/ contacts, color blind)	___	___	___
Hearing / ear (frequent infections, draining ear, hearing loss, hearing aid)	___	___	___
Speech (delay, stammer, difficulty understanding speech +/- oral instruction)	___	___	___
Reading or perceptual problems (in particular, difficulty learning to read phonetically)	___	___	___
Does your child have an IEP in public school?	___	___	___
Hyperactivity or Attention Deficit Disorder	___	___	___
Organizational / memory skills	___	___	___
Special dietary needs	___	___	___
Behavior / personal relationships (very active, needs to be center of attention, loner easily upset, shy, has difficulty making friends)	___	___	___
Major changes or disruptions in your child's life	___	___	___

Remarks: Please explain any "yes" answers. For allergies, please specify the seriousness of the allergy and treatment needed:

Please describe any medical advice or education recommendations which you have received which would be pertinent to your child's Jewish education: _____

If your child is taking any regular medication please describe: _____

Is there anything else we should know about your child? _____

(Please use reverse side if necessary for additional comments.)

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