



Special Education Health Assessment (To be completed by school nurse)

Date: _____ Init. Eval. _____
 Nurse: _____ Re-eval. _____
 Student Name: _____ Student #: _____ DOB: _____
 School: _____ Grade: _____ Teacher: _____
 Age: (yr & mths): _____

	<u>*WNL</u>	<u>Significant Findings</u>
General Health: (Known problems, medications, limits on activity): _____ _____ _____	_____ _____ _____	_____ _____ _____
General Appearance: _____ _____	_____ _____	_____ _____
BP: _____ Height: _____ %tile: _____	_____	_____
P: _____ R: _____ Weight: _____ %tile: _____	_____	_____
Head: _____ Circumference: _____ %tile: _____	_____	_____
Eyes: Far acuity R _____ L _____ Ocular movements _____	_____	_____
Near acuity _____ Peripheral vision _____	_____	_____
Muscle Balance _____ Depth perception _____	_____	_____
Color Vision _____ Covergence _____	_____	_____
Cover test _____ Tracking _____	_____	_____
PERRLA _____ Nystagmus _____ Ptosis _____	_____	_____
Comments: _____ _____ _____	_____ _____ _____	_____ _____ _____
Ears: Hearing R _____ L _____ Otoscopy _____	_____	_____
Chest sounds: _____	_____	_____
Skin: _____	_____	_____
Nose: _____	_____	_____
Throat: _____	_____	_____
Teeth and Gum: _____	_____	_____
Lymph nodes: _____	_____	_____
Extremities and Gait: _____	_____	_____
Muscle Size, Tone, and Strength: _____	_____	_____
Spine/Back: _____	_____	_____



Special Education Health Assessment

(continued)

NEUROLOGICAL EXAMINATION/DENVER DEVELOPMENTAL SCREENING TEST		
	<u>*WNL</u>	<u>Significant Findings</u>
A. CEREBRAL FUNCTION		
1. General behavior, emotional status, orientation _____	_____	_____
2. Understands directions _____	_____	_____
3. Speech _____	_____	_____
B. CEREBELLAR FUNCTION		
FINE MOTOR:		
1. Eyes open, touch finger to nose, alternate hands _____	_____	_____
Eyes closed, repeat _____	_____	_____
2. Pronate and supinate hands _____	_____	_____
Finger to thumb rapidly _____	_____	_____
GROSS MOTOR:		
1. Run heel down shin _____	_____	_____
2. Without shoes, stand with feet together with eyes open _____	_____	_____
Eyes closed _____	_____	_____
Walk naturally with eyes open _____ Closed _____	_____	_____
Walk heel to toe _____	_____	_____
3. Balance _____	_____	_____
4. Hop, skip, jump _____	_____	_____
5. Ambulate toes and heels _____	_____	_____
C. CRANIAL NERVES – to be included when appropriate		
Olfactory: Identify familiar odors with eyes closed	_____	_____
Rt. _____ Lt. _____	_____	_____
Optic: _____	_____	_____
Oculomotor, trochlear, abducens: eye movement, tracking	_____	_____
Trigeminal: Light touch with cotton to forehead, cheeks and jaw _____	_____	_____
Facial: Looking at ceiling, wrinkle forehead, frown, smile, raise forehead	_____	_____
Auditory: _____	_____	_____
Glossopharyngeal and Vagus: gag reflex, uvula is at midline: _____	_____	_____
Accessory: Palpate strength of trapezius muscle with shoulders shrugged against resistance: _____	_____	_____
Hypoglossal: Note lateral deviation of tongue when protruded: _____	_____	_____
Atrophy or tremor of tongue: _____	_____	_____
Strength of tongue moving from side to side against depressor	_____	_____



Special Education Health Assessment
(continued)

Comments: _____

Nurse Referrals Issued: _____

Request for Medical Information: _____

Nurse Recommendations: _____

Source: Clark County School District, Clark County, NV.