

Health and Medical Needs Assessment for Special Education

Student Name

Date of Birth

School

Grade/Class

Parent/Guardian Name

Contact Number

Medical Diagnosis / Conditions

Primary Diagnosis

Other Diagnoses

Current Medications

Allergies (Food, Medication, Environmental)

Emergency Action Plan Required?

Health Care Needs at School

Treatments or Medical Procedures Needed at School

Special Equipment/Assistive Devices

Mobility/Accessibility Needs

Nutritional/Dietary Needs

Additional Information

Other Concerns/Comments

Assessment Completed By

Date