Teacher's Observation of Child Health

Child's Name _____

Teacher

Classroom_____ Date of Observation 1st_____2nd_____

Staff initials verify that the parent has been notified (a copy sent home) results within 10 days of the date completed.

Does this child complain of or demonstrate any of the following more severely or more often than most of his/her classmates?

		1		2		1		2	
	Y	Ν	Y	Ν		Υ	Ν	Υ	
					Poor Posture, Limp /				
Tires Easily					Abnormal Gait				
~					Poor Nutrition or Eating				
Frequently Sleepy					Habits				
Inactive					Poor Hygiene				
Shortness of Breath with									
Exercise					Skin Rash / Skin Sores				
Unintelligible Speech					Frequent Scratching				
Hearing Difficulties					Pale or Sallow Skin				
Discharge or Drainage									
from Ears					Red, Runny or Itchy Eyes				
Continuous Runny Nose					Stomachaches				
Frequent Nose Picking or									
Rubbing	<u> </u>				Vomiting				
<i>.</i>					-				
Seizures or Spells					Frequent Urination				_
Mouth or Tooth Pain					Wet Donts				
mouth of 100th Path					Wet Pants Soil Self with Bowel				_
Headaches	1				Movements				
neauaches									_
Clumsiness					Coughing				
Ciumonicoo					Coughing				_
Poor Vision					Wheezing				
	1				TT NECZING				-
Eyes Cross or Turn Out					Diarrhea				
What i	s yo	our o	opin	ion	this child's Health?				
Perfectly Healthy	Ĺ		<u>ן</u>		ecific Problem(s) as noted but				
i chiceny ficatiny	L		J		Generally Healthy				

Generally Healthy

It is required that you document how you are addressing any item(s) marked YES.

Not in Good Health