<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hearing/Vision/Communication</strong></td>
<td>Hearing or vision screening, referrals, low visual acuity, abnormal spatial vision, cataracts, hearing or vision loss, deafness, methods of communication, verbal/nonverbal, assistive technology screening</td>
</tr>
<tr>
<td><strong>Medical device</strong></td>
<td>Type of medical device, identification numbers in event of malfunction or failure; function of device; signs and symptoms or device failure; emergency care plan; backup supplies; equipment checklist when parts are involved (battery, plug, etc.); available resources like user manual, equipment contact representative</td>
</tr>
<tr>
<td><strong>Medication/Monitoring</strong></td>
<td>Baseline vital signs for student, medication orders, medication time, dose, route, side effects, delegation of medication, staff training for emergency medication</td>
</tr>
<tr>
<td><strong>Cardiac/Respiratory</strong></td>
<td>System concerns, cough, shortness of breath, fatigue, stamina, rapid breathing, rapid heart rate, chest pain, risk of infection, mechanical ventilation, oxygen, chest PT</td>
</tr>
<tr>
<td><strong>Elimination</strong></td>
<td>Special accommodations for bowel and/or bladder output including skills to perform, supplies, setup, location, and schedule; adapting output schedule for classroom schedule as able, health issues related to frequency, infection, constipation, stomach pain, PT/OT for adaptive equipment</td>
</tr>
<tr>
<td><strong>Neurological/Cognitive</strong></td>
<td>Pain, nerve damage, brain injury, memory, cognitive age, developmental age, method of communication, brain fog</td>
</tr>
<tr>
<td><strong>Muscle/Mobility</strong></td>
<td>Gross or fine motor concerns; weakness, tone, stamina, joint stability; distance between classes; additional staff support for emergency evacuations, special equipment for emergency evacuation; adaptive equipment including splints, braces, wheelchair, stander</td>
</tr>
<tr>
<td><strong>Environment</strong></td>
<td>Considerations for immunosuppression, communicable disease, illness monitoring, cross contamination; classroom cleaning and supplies; frequent hand washing; up to date immunizations; temperature control including avoid extreme hot/cold, air conditioned transportation, location in classroom near windows or vents</td>
</tr>
<tr>
<td><strong>Sensory/Behavior</strong></td>
<td>Autistic-like behavior, outbursts, behaviors that interfere with learning; safety concerns like elopement, hitting, spitting, biting; note child response to light, noise, touch, smell; alternative plan for fire drill, location of classroom away from known triggers, OT consult for sensory needs</td>
</tr>
<tr>
<td><strong>Planning/Classroom</strong></td>
<td>504 / IEP, emergency care plan, physical layout of the school, physical environment of classroom, evacuation plan, disaster planning (shelter in place), indoor and/or outdoor temperature monitoring/regulation, preferential seating, use of visual aid</td>
</tr>
</tbody>
</table>
### Airway

**Suctioning**
- [ ] Nasal
- [ ] Oral
- [ ] Tracheal

Frequency: __________________________

Size of catheter: ________________

Length/Insertion depth (cm): ________________

**Tracheostomy**

Type/Size:

- [ ] Cuffed (circle) water/air: __ mL
- [ ] Inner cannula
- [ ] Ventilator (attach order settings)
- [ ] Diaphragmatic pacer (attach order settings)
- [ ] Other respiratory procedure

**Oxygen**

Maintain > ________ %

- [ ] Continuous
- [ ] Intermittent

**Pulse oximetry**

Maintain > ________ %

- [ ] Continuous
- [ ] Intermittent

### Nutrition

**Type**

- [ ] NGT
- [ ] GT
- [ ] JT
- [ ] GJ

Fr Size/Length (cm): ________________

Balloon Volume: _______ (mL)

**Formula**

Type: __________________________

Volume: __________________________

Rate (ml/hr): __________________________

Water flush: _______ mL

- [ ] As needed
- [ ] Scheduled/Time: ________________

- [ ] OM feeding protocol
- [ ] Replace feeding tube

### Elimination

**CIC**

Catheter type/size: __________________________

Frequency/Time: ________________

**Ostomy**

Type/Location: __________________________

Pouch type/brand/size: __________________________

Special skin preparation considerations: __________________________

### Equipment

**Orthotics**

- [ ] AFO
- [ ] WHO
- [ ] Splint
- [ ] Stander

Other: __________________________

Frequency/Time: ________________

**Medical Device**

- [ ] Shunt
- [ ] VNS
- [ ] Pacemaker
- [ ] Baclofen pump
- [ ] Vascular access

Other: __________________________

Reference SHNIC’s "Medical Device Information Guide"

### Environment

**Allergies**

- [ ] Environmental
- [ ] Food
- [ ] Drug
- [ ] Classroom

Temperature regulation considerations (classroom, transportation, etc.): __________________________

Method of communication: __________________________

Reference SHNIC’s “Student Intake – Special Accommodations”