

**Hearing/Vision/Communication**

Hearing concerns: Yes / No  
Vision concerns: Yes / No  
Communication concerns: Yes / No  
SLP consult: Yes / No

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

**Medical device**

Medical device: Yes / No

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

**Medication/Monitoring**

Medications at school: Yes / No  
Medication at home: Yes / No  
Emergency medication: Yes / No

Baseline vital signs for student, medication orders, medication time, dose, route, side effects, delegation of medication, staff training for emergency medication

**Cardiac/Respiratory**

Activity restrictions: Yes / No

System concerns, cough, shortness of breath, fatigue, stamina, rapid breathing, rapid heart rate, chest pain, risk of infection, mechanical ventilation, oxygen, chest PT

**Nutrition**

Food allergy: Yes / No  
Feeding protocol: Yes / No  
Adaptive equipment: Yes / No  
OT/SLP consult: Yes / No

Special diet; diet or portion restriction; fluid goal; feeding tube and tube flushes; OT/SLP for support with meal setup, approach, equipment and safety; communication with food services staff for menu planning, food environment; staff training for feeding protocol

**Elimination**

Bladder program: Yes / No  
Bowel program: Yes / No  
Toileting protocol: Yes / No  
PT/OT consult: Yes / No

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

**Neurological/Cognitive**

History of seizures: Yes / No  
Neuropsych evaluation: Yes / No

Pain, nerve damage, brain injury, memory, cognitive age, developmental age, method of communication, brain fog

**Muscle/Mobility**

Activity restriction: Yes / No  
Positioning restriction: Yes / No  
Adaptive equipment: Yes / No  
PT/OT consult: Yes / No

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

**Environment**

Allergy: Yes / No  
Temperature concerns: Yes / No

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

**Sensory/Behavior**

Safety issues: Yes / No  
Known triggers: Yes / No  
FBA or behavior protocol: Yes / No  
OT consult : Yes / No

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

**Planning/Classroom**

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

**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** \_\_\_\_\_

**Pulse oximetry** Maintain > \_\_\_\_\_ %  Continuous  Intermittent

**Nutrition**

**Type**  NGT  GT  JT  GJ Fr Size/Length (cm) : \_\_\_\_\_ Balloon Volume: \_\_\_\_\_ (mL)

**Formula** Type: \_\_\_\_\_

Volume: \_\_\_\_\_

Rate (ml/hr): \_\_\_\_\_

Continuous

Bolus

Via pump

Via gravity

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: \_\_\_\_\_  **PT/OT protocol**

**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"*