

Health Information/Education Form

Power Middle School – Farmington Public Schools

Date _____

Student Name: _____ Grade: _____ Birthdate: _____

In order to best serve your child's learning needs, it is necessary to obtain the following information.

***A parent signature is required on this form.**

Yes **No** My child currently receives support through special education services.
S/he has a current IEP. Check area of certification:
 LD EI Speech/Lang. PI OHI
 AI Other _____

Yes **No** My child has received special education services in the past. S/he has worked under an IEP in the past, but does not have a current IEP.
Explain: _____

Yes **No** My child has a current general education plan written under Section 504.

Yes **No** My child has been retained (held back) in the past. If yes, note grade level: _____

Check any support services needed:

Bilingual / ESL support Reading support Math support

Check here if your child is under a physician's care for any condition marked below.

- ADD** (Attention Deficit Disorder)
- ADHD** (Attention Deficit-Hyperactive Disorder)
- Emotional support (under professional care)
- Allergies (severe)
- Asthma (requiring medication)
- Arthritis (or related)
- Convulsions, seizures, or fainting spells
- Diabetes
- Bone, joint, muscle or back problems
- Speech impairment, i.e. stuttering or stammering
- Tuberculosis
- Muscular Dystrophy
- Multiple Sclerosis
- Cystic Fibrosis
- Cerebral Palsy
- Hearing limitations: right / left / both ears
- Sight limitations: right / left / both eyes
- Limited use of any part of the body: Describe _____
- Excused from physical education (physician's note required)
Explain _____
- Other _____

I will contact the school counselor regarding my child (248-489-3626)

NONE OF THE ABOVE APPLIES TO MY CHILD.

***Parent/Guardian Signature REQUIRED**

Date