

**TO BE COMPLETED BY TEACHER 2X YEAR, FIRST WITHIN 45 DAYS AND THEN AGAIN IN FEBRUARY**

**CHILD'S NAME:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

| OBSERVATIONS  | DESCRIBE WHAT YOU HAVE SEEN | DATE (INITIALS) |
|---|-----------------------------|-----------------|
| <b>1. GENERAL CONDITION</b><br>(eating habits, nutrition, hygiene, skin condition, posture, fatigue):                           | (1 <sup>st</sup> obs.)      |                 |
|   | (2 <sup>nd</sup> obs.)      |                 |
| <b>2. GENERAL BEHAVIOR</b><br>(alert, responsive, attentive, restless, fearful, shy, aggressive, happy, cooperative, obedient): | (1 <sup>st</sup> obs.)      |                 |
|   | (2 <sup>nd</sup> obs.)      |                 |
| <b>3. BEHAVIOR AT PLAY</b><br>(socially active, solitary, interested, coordinated, excitable, tires easily):                    | (1 <sup>st</sup> obs.)      |                 |
|   | (2 <sup>nd</sup> obs.)      |                 |
| <b>4. PERFORMANCE</b><br>(memory, achievement, interest, reasoning, pride in performance, attitude, ability to concentrate):    | (1 <sup>st</sup> obs.)      |                 |
|   | (2 <sup>nd</sup> obs.)      |                 |
| <b>5. PERCEPTUAL STATUS</b><br>(vision, hearing, speech, understanding, concentration):   | (1 <sup>st</sup> obs.)      |                 |
|   | (2 <sup>nd</sup> obs.)      |                 |
| <b>6. OTHER FACTORS NOTED</b><br>(for ex: recurring diseases, frequent absences, etc.):   | (1 <sup>st</sup> obs.)      |                 |
|   | (2 <sup>nd</sup> obs.)      |                 |

**7. WHAT IS YOUR OPINION OF THIS CHILD'S HEALTH?**

APPEARS HEALTHY    NOT IN GOOD HEALTH    NOTICEABLE BEHAVIOR PROBLEMS    SPECIFIC PROBLEMS AS NOTED

Teacher's Signature: \_\_\_\_\_ 1<sup>st</sup> Obs. Date: \_\_\_\_\_ 2<sup>nd</sup> Obs. Date: \_\_\_\_\_

**COMMENTS:**

\_\_\_\_\_