

KINDERGARTEN HEALTH ASSESSMENT INSTRUCTION SHEET
FOR PARENTS

There are two sections on the form that you will need to fill out. Please print clearly.

Front: “Parent Complete.”

Please write in:

1. Your child’s name with last name first, then first name, then middle name or initial.
2. Your child’s date of birth, starting with month, day, and year.
3. Your child’s entire address, including city, state, and zipcode.
4. Your name and the phone number at which you can be reached. This may be a home number, work number, or cell phone number.
5. There are some statements that are about your child. Please answer each one by filling in the box, either “Yes” or “No”:
 - Does your child have a problem that bothers you about his or her general health, how much he or she weighs, how he or she is growing, or about the way your child acts?
 - Have you taken your child to the doctor for any of these problems?
 - Does anyone in your family have any of these problems? If so, please write about it on the lines below.
 - Has your child been to the dentist in the last year?
 - Has your child been to the doctor for a checkup, not because he or she was sick, in the last year?

There is a space on the form for you to sign that will allow the school nurse to talk to your doctor about your child’s health. If this is ok with you, please write your name and the date in the space. If this is not ok with you, just leave it blank.

Back: “Parent Complete”

Please write in your child’s date of birth, starting with month, day, and year.

Please check the right box for your child’s race. If you are not sure, check “Unknown”. If your child is Hispanic or Latino, please check the box.

Please write in the county you live in, and your zip code.

Please write in the school your child will be attending.

Please check the box for where your child usually sees the doctor.

Please check the box for what kind of health insurance your child has.

Please write in the name of your child’s doctor or clinic.

Kindergarten Health Assessment

Glossary of Terms

1. **Anaphylaxis:** Severe allergic reaction of the whole body that may include trouble breathing and itchy rash. It must be treated immediately or death may occur.
2. **Anemia:** Low red blood cell levels that slows oxygen flow to the body. Children with this disorder may become very tired or have low energy levels.
3. **At-Risk:** The provider will ask you some questions to see if your child may be at risk of having these problems.
4. **BMI (Body Mass Index):** A formula that relates weight to height for measuring over and under weight in children.
5. **Cardiac:** Pertaining to the heart and circulatory system.
6. **Cerebral Palsy:** Children born with this permanent disorder have trouble moving, standing, talking, listening and understanding.
7. **Cystic Fibrosis:** Children born with this permanent disorder have trouble breathing and digesting food.
8. **Diabetes:** Children who have this have trouble controlling their blood sugar. These children eat foods that are low in sugar or need medicine or shots to help control their blood sugar.
9. **EGA (Prematurity):** Baby born earlier than 8 weeks before the due date.
10. **ENT:** Ear, Nose and Throat Specialist
11. **Epinephrine auto-injector:** Automatic shot of medicine for severe allergic reactions prescribed by the doctor
12. **Encopresis:** Children with this have trouble controlling bowel movements.
13. **Enuresis:** Children with this have trouble controlling passage of their water.
14. **HEENT (Head, Eyes, Ears, Nose & Throat):** An examination of the head, eyes, ears, nose and throat done by the doctor.
15. **HMO (Health Maintenance Organization):** Type of medical provider group.
16. **Hx:** Abbreviation for "history." For example: Has your child ever had problems with high levels of lead in his/her blood?
17. **School Follow Up:** When this box is checked, the form should go to the School Nurse so he/she can follow up on any health concerns documented on the form.
18. **Sickle Cell Anemia:** Children born with this permanent disorder have blood problems that cause severe pain and trouble breathing that comes and goes.
19. **TB (Tuberculosis):** Children with this illness have trouble breathing and coughing. Children who have this condition are on medication to cure this illness.
20. **Test Done:** The provider will ask you if your child has ever been tested for high levels of lead in their blood.

Developmental Screening Tools: Tools used by the doctor to see if a child is developing normally.

- **ASQ:** Ages and Stages Questionnaire
- **ASQ-SE:** Ages and Stages Questionnaire for Social and Emotional Behavior
- **Brigance:** A developmental testing tool for doctors to use.
- **CDI:** Child Development Inventory or Communication Developmental Inventory
- **IDI:** Infant Developmental Inventory
- **PEDS:** Parent Evaluation of Developmental Status
- **PSC:** Pediatric Symptom checklist
- **OAE:** Otoacoustic Emissions Test (Sounds that are produced by healthy ears in response to acoustic stimulation.