

Developmental and Medical History Information

Canyons School District

School: _____ Address: _____

Contact: _____

Phone: _____ Email: _____

Fax: _____

Student: _____ **Birthdate:** _____

As per Utah Special Education Rules, a student's prior medical history regarding specific syndromes, health concerns, medication, and any information deemed necessary for planning the student's educational program, may need be on record and considered as part of the multidisciplinary team's evaluation and eligibility determination of a disability under the Individuals with Disabilities in Education Act (IDEA). Please include any relevant reports. Additional information may be requested as needed.

This information must be provided by a qualified health (medical) professional.

The provider may only provide information consistent with the parameters of his/her Utah professional license.

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|--|---|
| Developmental History | Was there anything remarkable in the student's development? If please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Specific Syndromes | Has the student been diagnosed with a specific syndrome? If so, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Health Concerns | Does the student have any specific health concerns? If so, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Medications | Is the student taking any medication? If so, please list medication and dosage. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What is the expected effect of the medication on classroom functioning? | |
| Is there any other information necessary for planning the student's educational program? | |

Signature of Health Care Professional

Name & Title (please print)

Date: _____

Facility: _____

Phone: _____

* Return completed forms to the School Contact Individual noted above.