



# NORTH CAROLINA HEALTH ASSESSMENT TRANSMITTAL FORM

This form and the information on this form will be maintained on file in the school attended by the student named herein and is confidential and not a public record.

(Approved by North Carolina Department of Public Instruction and Department of Health and Human Services)

## PARENT to COMPLETE THIS SECTION

Student Name:

(Last)

(First)

(Middle)

M  F

Birthdate (M/D/YYYY):

School Name:

Hispanic of Latino Origin:  1 Yes  2 No

Race:

1 Other Non-White  2 White  3 Black  4 American Indian  5 Chinese  
 6 Japanese  7 Hawaiian  8 Filipino  9 Other Asian  10 Unknown

Home Address:

City:

State:

County:

Parent Information: Name of Parent, Guardian, or person standing in loco parentis:

Telephone(s)

Home:

Work:

Cell Phone:

Health Concerns to be shared with authorized persons (school administrators, teachers, and other school personnel who require such information to perform their assigned duties):

## HEALTH CARE PROVIDER TO COMPLETE THIS SECTION

Medications prescribed for student:

Student's allergies, type, and response required:

Special diet instructions:

Health-related recommendations to enhance the student's school performance:

Vision screening information:

Passed vision screening:  Yes  No

Concerns related to student's vision:





January 2016

**Hearing screening information:**

Passed hearing screening:  Yes  No

Concerns related to student's hearing:

**Recommendations, concerns, or needs related to student's health and required school follow-up:**

School follow-up needed:  Yes  No

**Medical Provider Comments:**

**Please attach other applicable school health forms:**

- Immunization record attached:
- School medication authorization form attached:
- Diabetes care plan attached:
- Asthma action plan attached:
- Health care plans for other conditions attached:

**Health Care Professional's Certification**

I certify that I performed, on the student named above, a health assessment in accordance with G.S. 130A-440(b) that included a medical history and physical examination with screening for vision and hearing, and if appropriate, testing for anemia and tuberculosis. I certify that the information on this form is accurate and complete to the best of my knowledge.

Name:

Title:

Signature: \_\_\_\_\_

Date (m/d/yyyy):

Practice/Clinic Name:

Practice/Clinic Address:

Practice/Clinic City:

State:

Zip:

Phone:

Fax:

Provider Stamp Here:





# 60 Month Questionnaire

57 months 0 days  
through 66 months 0 days

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

### Important Points to Remember:

### Notes:

- Try each activity with your baby before marking a response.
- Make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested and fed.
- Please return this questionnaire by \_\_\_\_\_.

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## COMMUNICATION

	YES	SOMETIMES	NOT YET	—
1. Without your giving help by pointing or repeating directions, does your child follow three directions that are <i>unrelated</i> to one another? Give all three directions before your child starts. For example, you may ask your child, "Clap your hands, walk to the door, and sit down," or "Give me the pen, open the book, and stand up."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
2. Does your child use four- and five-word sentences? For example, does your child say, "I want the car"? Please write an example:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<div style="border: 1px solid black; border-radius: 15px; height: 60px; width: 100%;"></div>				
3. When talking about something that already happened, does your child use words that end in "-ed," such as "walked," "jumped," or "played"? Ask your child questions, such as "How did you get to the store?" ("We walked.") "What did you do at your friend's house?" ("We played.") Please write an example:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<div style="border: 1px solid black; border-radius: 15px; height: 60px; width: 100%;"></div>				
4. Does your child use comparison words, such as "heavier," "stronger," or "shorter"? Ask your child questions, such as "A car is big, but a bus is ____" (bigger); "A cat is heavy, but a man is ____" (heavier); "A TV is small, but a book is ____" (smaller). Please write an example:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
<div style="border: 1px solid black; border-radius: 15px; height: 60px; width: 100%;"></div>				

**COMMUNICATION** (continued)

5. Does your child answer the following questions? (Mark "sometimes" if your child answers only one question.)

"What do you do when you are hungry?" (Acceptable answers include "get food," "eat," "ask for something to eat," and "have a snack.")  
Please write your child's response:

"What do you do when you are tired?" (Acceptable answers include: "take a nap," "rest," "go to sleep," "go to bed," "lie down," and "sit down.") Please write your child's response:

6. Does your child repeat the sentences shown below back to you, without any mistakes? (Read the sentences one at a time. You may repeat each sentence one time. Mark "yes" if your child repeats both sentences without mistakes or "sometimes" if your child repeats one sentence without mistakes.)

Jane hides her shoes for Maria to find.  
Al read the blue book under his bed.

YES	SOMETIMES	NOT YET	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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COMMUNICATION TOTAL —

**GROSS MOTOR**

1. While standing, does your child throw a ball *overhand* in the direction of a person standing at least 6 feet away? To throw overhand, your child must raise his arm to shoulder height and throw the ball forward. (Dropping the ball or throwing the ball underhand should be scored as "not yet.")



2. Does your child catch a large ball with both hands? (You should stand about 5 feet away and give your child two or three tries before you mark the answer.)



3. Without holding onto anything, does your child stand on one foot for at least 5 seconds without losing her balance and putting her foot down? (You may give your child two or three tries before you mark the answer.)



YES	SOMETIMES	NOT YET	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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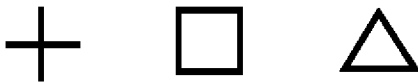
## GROSS MOTOR (continued)

- |  | YES                   | SOMETIMES             | NOT YET               |   |
|--|-----------------------|-----------------------|-----------------------|---|
| 4. Does your child walk on his tiptoes for 15 feet (about the length of a large car)? <i>(You may show him how to do this.)</i>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 5. Does your child hop forward on one foot for a distance of 4–6 feet without putting down the other foot? <i>(You may give him two tries on each foot. Mark "sometimes" if she can hop on one foot only.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 6. Does your child skip using alternating feet? <i>(You may show him how to do this.)</i>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

GROSS MOTOR TOTAL —

## FINE MOTOR

- |   | YES                   | SOMETIMES             | NOT YET               |   |
|---|-----------------------|-----------------------|-----------------------|---|
| 1. Ask your child to trace on the line below with a pencil. Does your child trace on the line without going off the line more than two times? <i>(Mark "sometimes" if your child goes off the line three times.)</i>  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| <hr style="border: 1px solid black; width: 30%; margin: 10px auto;"/>   |                       |                       |                       |   |
| 2. Ask your child to draw a picture of a person on a blank sheet of paper. You may ask your child, "Draw a picture of a girl or a boy." If your child draws a person with head, body, arms, <i>and</i> legs, mark "yes." If your child draws a person with only three parts (head, body, arms, or legs), mark "sometimes." If your child draws a person with two or fewer parts (head, body, arms, or legs), mark "not yet." Be sure to include the sheet of paper with your child's drawing with this questionnaire. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 3. Draw a line across a piece of paper. Using child-safe scissors, does your child cut the paper in half on a more or less straight line, making the blades go up and down? <i>(Carefully watch your child's use of scissors for safety reasons.)</i>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
|    |                       |                       |                       |   |
| 4. Using the shapes below to look at, does your child copy the shapes in the space below without tracing? <i>(Your child's drawings should look similar to the design of the shapes below, but they may be different in size. Mark "yes" if she copies all three shapes; mark "sometimes" if your child copies two shapes.)</i>   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |



(Space for child's shapes)

**FINE MOTOR** (continued)

YES	SOMETIMES	NOT YET	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—

5. Using the letters below to look at, does your child copy the letters without tracing? Cover up all of the letters except the letter being copied. (Mark "yes" if your child copies four of the letters and you can read them. Mark "sometimes" if your child copies two or three letters and you can read them.)

V H T C A

(Space for child's letters)

6. Print your child's first name. Can your child copy the letters? The letters may be large, backward, or reversed. (Mark "sometimes" if your child copies about half of the letters.)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
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(Space for adult's printing)

(Space for child's printing)

FINE MOTOR TOTAL —

**PROBLEM SOLVING**

YES	SOMETIMES	NOT YET	—
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—

1. When asked, "Which circle is smallest?" does your child point to the smallest circle? (Ask this question without providing help by pointing, gesturing, or looking at the smallest circle.)



2. When shown objects and asked, "What color is this?" does your child name five different colors like red, blue, yellow, orange, black, white, or pink? (Mark "yes" only if your child answers the question correctly using five colors.)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
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**PROBLEM SOLVING** *(continued)*

- |   | YES                   | SOMETIMES             | NOT YET               |   |
|---|-----------------------|-----------------------|-----------------------|---|
| 3. Does your child count up to 15 without making mistakes? If so, mark "yes." If your child counts to 12 without making mistakes, mark "sometimes."   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 4. Does your child finish the following sentences using a word that means the opposite of the word that is italicized? For example: "A rock is <i>hard</i> , and a pillow is <i>soft</i> ." | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |

Please write your child's responses below:

A cow is *big*, and a mouse is

Ice is *cold*, and fire is

We see stars at *night*, and we see the sun during the

When I throw the ball *up*, it comes

*(Mark "yes" if he finishes three of four sentences correctly. Mark "sometimes" if he finishes two of four sentences correctly.)*

- |  |                       |                       |                       |   |
|--|-----------------------|-----------------------|-----------------------|---|
| 5. Does your child know the names of numbers? <i>(Mark "yes" if she identifies the three numbers below. Mark "sometimes" if she identifies two numbers.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
|--|-----------------------|-----------------------|-----------------------|---|

**3      1      2**

- |   |                       |                       |                       |   |
|---|-----------------------|-----------------------|-----------------------|---|
| 6. Does your child name at least four letters in her name? Point to the letters and ask, "What letter is this?" <i>(Point to the letters out of order.)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
|---|-----------------------|-----------------------|-----------------------|---|

PROBLEM SOLVING TOTAL      —

**PERSONAL-SOCIAL**

- |  | YES                   | SOMETIMES                                 | NOT YET               |   |
|--|-----------------------|---|-----------------------|---|
| 1. Can your child serve himself, taking food from one container to another, using utensils? For example, does your child use a large spoon to scoop applesauce from a jar into a bowl? | <input type="radio"/> | <input type="radio"/>                     | <input type="radio"/> | — |
| 2. Does your child wash her hands and face using soap and water and dry off with a towel without help?   | <input type="radio"/> | <input type="radio"/>                     | <input type="radio"/> | — |
| 3. Does your child tell you at least four of the following? Please mark the items your child knows.  | <input type="radio"/> | <input type="radio"/>                     | <input type="radio"/> | — |
| <input type="radio"/> a. First name  |                       | <input type="radio"/> d. Last name        |                       |   |
| <input type="radio"/> b. Age   |                       | <input type="radio"/> e. Boy or girl      |                       |   |
| <input type="radio"/> c. City he lives in  |                       | <input type="radio"/> f. Telephone number |                       |   |

**PERSONAL-SOCIAL** *(continued)*

	YES	SOMETIMES	NOT YET	
4. Does your child dress and undress himself, including buttoning medium-size buttons and zipping front zippers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
5. Does your child use the toilet by herself? <i>(She goes to the bathroom, sits on the toilet, wipes, and flushes.)</i> Mark "yes" even if she does this after you remind her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
6. Does your child usually take turns and share with other children?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	—
				PERSONAL-SOCIAL TOTAL —

**OVERALL**

*Parents and providers may use the space below for additional comments.*

1. Do you think your child hears well? If no, explain:  YES  NO

2. Do you think your child talks like other children her age? If no, explain:  YES  NO

3. Can you understand most of what your child says? If no, explain:  YES  NO

4. Can other people understand most of what your child says? If no, explain:  YES  NO



**OVERALL** *(continued)*

5. Do you think your child walks, runs, and climbs like other children his age?  
If no, explain:

YES

NO

6. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:

YES

NO

7. Do you have any concerns about your child's vision? If yes, explain:

YES

NO

8. Has your child had any medical problems in the last several months? If yes, explain:

YES

NO

9. Do you have any concerns about your child's behavior? If yes, explain:

YES

NO

10. Does anything about your child worry you? If yes, explain:

YES

NO

