Primary Care Provider Health Report to School

Student:	DOB:	Grade:
School:		
Medical Care Provider:		
Address:		
Phone Number:		

Dear Dr._____,

This student has been identified by his/her teacher/parent as having difficulties in school with attention to task, impulsive response style and or excessive motor activity. Please assist us in providing this student appropriate educational services by completing and returning this form to the school nurse.

Attention School Nurse:

I have ☐ have not ☐ diagnosed this student as having ADHD/other behavior health diagnosis.

I have ☐ have not ☐ prescribed medication to treat ADHS. Dosage and frequency:
☐ medication authorization form attached

Dated of initial diagnosis:	Date of most recent follow-up:

Please complete follow up Vanderbilt (parent and teacher) in ☐ one month or ☐ two months and provide any other school based observations to me.

Education plan recommendations:

☐ Daily Report Card based on specific behavior objectives
☐ Consider Token Reward System
☐ Further Assessment for learning disabilities
☐ Classroom modifications recommended:_____
_____
_____
_____
_____

Student has ☐ or has not ☐ been referred for behavioral therapy counseling.

Other medical concerns: i.e. sleep disturbances, co-morbid conditions:

Health Care Provider Signature:_____ Date:_____