



Sacramento City Unified School District
CHILD DEVELOPMENT DEPARTMENT
SPECIAL CONCERN FORM

- Copy to Nurse
 Copy to Special Needs Coordinator

Child's Name: _____ Birthdate: _____ Program: HS SP Wrap FD

Dear Parent: Please provide us with the following important information that will help your child have a safe and smooth transition into the classroom.

1. **HEALTH** - My child:

- Has a MEDICAL CONDITION (Such as Asthma, Food Allergies, Seizures, Diabetes, ADHD, Autism, etc.)
 No Yes – Please explain: _____
- Has MEDICATION PRESCRIBED BY A DOCTOR to be taken during school hours
 No Yes – Please explain: _____
- Requires a SPECIAL DIET due to a medical or allergy condition OR personal preference (Such as dairy-free, peanut-free, No pork, etc.)
 No Yes – Please explain: _____

2. **SPECIAL NEEDS** - My child:

- Receives or did receive SERVICES FOR SPECIAL NEEDS from the school district or other agencies (Such as, ALTA, SCOE, CCS, NOR-CAL, Easter Seals, Shriner's Hospital, etc.)
 No Yes – Please explain: _____
- Has been IDENTIFIED/ASSESSED FOR SPECIAL NEEDS
 No Yes – Please explain: _____
- Has an INDIVIDUAL EDUCATION PLAN (IEP) or INDIVIDUAL FAMILY SERVICE PLAN (IFSP)
 No Yes – Please explain: _____

3. **TOILETING STATUS (Preschool only)** - My child:

- Is in diapers or pull-ups

4. **TOILETING READINESS (Preschool only)** - My child:

- Needs ASSISTANCE WITH TOILETING
 No Yes – Please explain: _____

Office Use Only

All boxes checked No: File the WHITE copy of this form in the Child's Classroom File and the YELLOW copy in the Yellow Health Folder.

Any box checked Yes: The child's file is placed ON HOLD. If a health need is indicated, a copy is forwarded to the Nurse. If special needs are indicated, a copy is forwarded to the Special Needs Coordinator. The child's enrollment is pending until cleared by the Nurse and/or Special Needs Coordinator (except for Toileting Readiness). Enrollment eligibility status will not be affected; however, the child may not begin attending until cleared. File copies of the final form(s) in the Yellow Health Folder and Child's Classroom File.

HEALTH: Send this form & copy of Health History to Nurse. _____, _____
Date sent Office Technician
Child is cleared for attendance: Yes No Pending _____, _____
Date returned Nurse Signature
Comments: _____

SPECIAL NEEDS: Send this form & copy of IEP/IFSP to Special Needs Coordinator. _____, _____
Date sent Office Technician
Child is cleared for enrollment: Yes No Pending _____, _____
Date returned Special Needs Coordinator Signature
Comments: _____

TOILETING STATUS: Send a blank Toileting Plan to classroom teacher prior to child's enrollment if checked yes above.

Distribution: White Final copy of original - Yellow Health Folder and Child's Classroom File