

Teacher's Observation of Child Health

Child's Name _____

Teacher _____

Classroom _____

Date of Observation 1st _____ 2nd _____

Does this child complain of or demonstrate any of the following more severely or more often than most of his/her classmates?

	1		2	
	Y	N	Y	N
Tires Easily				
Frequently Sleepy				
Inactive				
Shortness of Breath with Exercise				
Unintelligible Speech				
Hearing Difficulties				
Discharge or Drainage from Ears				
Continuous Runny Nose				
Frequent Nose Picking or Rubbing				
Seizures or Spells				
Mouth or Tooth Pain				
Headaches				
Clumsiness				
Poor Vision				
Eyes Cross or Turn Out				

	1		2	
	Y	N	Y	N
Poor Posture, Limp / Abnormal Gait				
Poor Nutrition or Eating Habits				
Poor Hygiene				
Skin Rash / Skin Sores				
Frequent Scratching				
Pale or Sallow Skin				
Red, Runny or Itchy Eyes				
Stomachaches				
Vomiting				
Frequent Urination				
Wet Pants				
Soil Self with Bowel Movements				
Coughing				
Wheezing				
Diarrhea				

What is your opinion of this child's Health?

Perfectly Healthy

Specific Problem(s) as noted but
Generally Healthy

Not in Good Health

It is required that you document how you are addressing any item(s) marked YES.
