

# The Villages® Charter School

## Behavioral Health Care Planning - Parent Interview Guide

SUMTER COUNTY SCHOOL BOARD - SCHOOL HEALTH SERVICES

Please complete this form with as much accurate information as possible. The information provided is used to develop an individualized health care plan for your child to promote a safe environment with a goal to maintain optimal health.

**Important: Include correct numbers where you can be reached.**

### Student Information

Student's Name

Date of Birth

Address

Age

Grade

Teacher

School

Parent/Guardian Name

Relationship to Student

Phone #1 ☐ HOME ☐ WORK ☐ MOBILE

Phone #2 ☐ HOME ☐ WORK ☐ MOBILE

E-Mail Address

Emergency Contact

Relationship to Student

Phone #1 ☐ HOME ☐ WORK ☐ MOBILE

Phone #2 ☐ HOME ☐ WORK ☐ MOBILE

E-Mail Address

### Medical Information

Prescribing Doctor

Phone Number

Fax Number

Preferred Hospital

Medical Diagnosis

Allergies

Medications at Home

Medications at School

#### WHAT ARE HIS/HER USUAL SIGNS AND SYMPTOMS? (CHECK ALL THAT APPLY)

☐ IMPULSIVE ☐ AGGRESSIVE/ANGER ☐ FIDGETING ☐ FORGETFUL ☐ EXCITES EASILY ☐ DISTRACTED EASILY

☐ TALKATIVE ☐ SHORT ATTENTION SPAN ☐ ANXIETY ☐ HYPERACTIVE ☐ OTHER

Are there any specific events or activities that seem to worsen symptoms?

Is there anything that helps to improve symptoms during episodes? (example: turn lights off or down)

What physical, emotional, mental, behavioral, or social problems does your child have, if any?

Any special instructions including needs for special health requirements in the classroom or at school?

Parent/Legal Guardian Signature

Parent/Legal Guardian (Print)

Date

\*As parent/guardian by signing this form, I give permission for Sumter County Schools to share this information with the faculty and staff who are directly involved in my child's education and/or school health services.