

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 to school.

1. ~~HEALTHY CHILD~~ QUALITY CHILD Please explain _____

Requires a SPECIAL DIET due to a medical or allergy condition OR personal preference (Such as dairy 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, CSOE, CCS, 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 ~~or My~~) child:

Is in diapers or pull-ups

4. TOILETING READINESS (Preschool ~~or 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 until cleared. File copies of the final form(s) in the Yellow Health Folder and Child's Classroom File.

HEALTHY 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