Nurse Progress Report

To be completed by School Nurse each quarter

School Nurse: ______________________________ Date: ________________

School: ____________________ Grade: _____ Age: _____

Student Name or Initials: _________________________ Date of Enrollment: _____________

Weight: ______ Height: ______ BMI: ______ Blood Pressure: _____/_____

Referring Health Care Provider: Email: __________________________ Fax# ____________

Nurse General Comments:

School Nurse Quarterly Report

_____ Nurse Discussion Topics Reviewed (Check those that apply during this quarter)

____ My Health Profile Pre-Survey
____ Benefits of Healthy Lifestyle
____ 5-2-1-Almost None Wellness Plan Components
____ Proper Nutrition
____ Fruits and Vegetables
____ Grains and Proteins
____ Dairy
____ Smart Snacks
____ Introduce Nutrition Log
____ Proper Hydration
____ Sugary Beverages
____ Review Nutrition Logs with Drinks
____ Discuss Good Sleep Routines
____ My Health Profile Post-Survey
____ Other Topics for Discussion based on Student Needs or Interest

ADDITIONAL OBSERVATIONS OR CONCERNS:

Please Email or Fax the Nurse and PE Quarterly Reports to Referring Health Care Provider

Please Email or Provide Hardcopy of Quarterly Reports to Parent

THANK YOU FOR YOUR PARTICIPATION IN THIS PROGRAM