State of Alabama Department of Education
Health Assessment Record
School Year: _____ - _____

To Parent or Guardian:
The purpose of this form is to provide the school nurse with additional information regarding your child's health needs. The school nurse may contact you for further information. The information requested is essential for the school nurse to meet the health needs of your child.

This information will be kept strictly confidential.

To be completed by parent/guardian.
PLEASE PRINT. Return to the School Nurse.

Name of Student (Last, First, Middle)	Social Security Number	Birth Date	Sex

Address (Street)	Race/Ethnicity	
(City and Zip code)	☐ American Indian	☐ White, not of Hispanic origin
	☐ Asian	☐ Hispanic/Latino
	☐ Black, not of Hispanic origin	☐ Other

Home Telephone Number	School	Grade

Name of Parent/Guardian (Last, First, Middle)

Transportation

☐ Bus Rider ☐ Car Rider ☐ Special Needs Bus ☐ After School Program

Part I – Health Information

Place where your child receives regular health care:

☐ Health Department
☐ Hospital Clinic
☐ Community Health Center
☐ Private Doctor/HMO
☐ Other _____
☐ No regular place

Child has:

☐ Medicaid
☐ No Insurance
☐ Private Insurance
☐ ALLKIDS
☐ Other: _____

Local Physician's Name:_____**Telephone:**_____

Address:_____

Authorizations:

☐ **I authorize the school nurse, the registered nurse (RN) or licensed practical nurse (LPN), to talk with the physician(s) should a question come up about my child's medical conditions.**

☐ **I do NOT authorize the school nurse, the RN or LPN, to talk with the physician(s) should a question come up about my child's medical conditions.**

☐ **I authorize for my child to participate in all school health screenings.**

☐ **I authorize the release of my child's communicable disease information (chicken pox cases, etc...) to be released to the local Public Health Department.**

FOR OFFICE USE ONLY Acuity Scale:			
Level A Nursing Dependent	Level B Medically Fragile	Level C Medically Complex	Level D Health Concerns

Part II – Medical History

State of Alabama Department of Education
Health Assessment Record
School Year: _____ - _____

➢➢➢➢➢➢Check only those that apply. ⮜⮜⮜⮜⮜⮜	
□ **NO KNOWN HEALTH PROBLEMS. Please go directly to the bottom of the page and provide parent/guardian signature.**	
□ **Attention Deficit Disorder (ADD) OR Attention Deficit Hyperactivity Disorder (ADHD)**	□ Requires medication? □ To be given while at school?
□ **Asthma:**	□ He/She uses an inhaler at school? □ He/She uses an inhaler at home?
□ **Allergies: (severe)** □ **Food** □ **Insects** □ **Environmental** □ **Medications**	□ Hives/rash? □ Breathing difficulty? □ Epi-pen?
□ **Bleeding Problems: (Hemophilia, Von Willebrand's, frequent nosebleeds)**	□ Requires medication? Please explain:
□ **Cancer/Leukemia:**	Please explain:
□ **Cerebral Palsy:**	Please explain:
□ **Cystic Fibrosis:**	Please explain:
□ **Dental Problems:**	Please explain:
□ **Diabetes:** □ **Type 1 Diabetic** □ **Type 2 Diabetic**	□ Monitors Blood Sugars while at school? □ Requires Insulin at school? □ Glucagon order? □ Insulin pump? □ Managed with diet?
□ **Emotional/Behavioral/Psychological:** *Please explain:*	
□ **Genetic Disorder:** *Please explain:*	
□ **Headaches:** *Please explain:*	
□ **Hearing Problems:**	□ Right Ear □ Left Ear □ Both ears □ Hearing loss? □ Hearing aid? □ Cochlear Implant
□ **Heart Condition:** *Please explain: Are there any activity restrictions? Any medications taken at home only?*	
□ **Hypertension (High Blood Pressure):**	
□ **Juvenile Arthritis/Bone-Joint Problems:** *Please explain:*	
□ **Kidney Problems:** *Please explain:*	
□ **Scoliosis:**	□ No Treatment □ Wears Brace □ Surgery
□ **Seizures/Convulsions:** *Please explain:*	Type of seizure: _____ □ Diastat order
□ **Sickle Cell Anemia:**	
□ **Spina Bifida:**	
□ **Special Diet:** *Please explain:*	
□ **Vision Problems:**	□ Wears glasses □ Wears contacts □ Other, _____
□ **Other Medical Conditions:** *Please include **any** medications taken at home only.*	

Part III – Medical Equipment /Procedures Required

□ Gastric Tube □ Nebulizer Treatments □ Oxygen Supplement □ Tracheostomy
□ Vagal Nerve Stimulator □ Ventilator □ Wheelchair □ Walker

Required Signatures

Signature of parent(s) or guardian:_____ **Date:**_____

Signature of school nurse: _____ **Date:**_____

Bessemer City Schools

HOME LANGUAGE SURVEY

Student Name: _____ Birth Date: _____ Sex: ❑ Male ❑ Female

Parent/Guardian Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? ❑ Yes ❑ No
   If yes, in which state? _____
   If no, in what other country? _____

2. Has your child attended any school in the United States for any three years during their lifetime? ❑ Yes ❑ No
   If yes, please provide school name(s), state, and dates attended:
   Name of School _____ State _____ Dates Attended _____
   Name of School _____ State _____ Dates Attended _____
   Name of School _____ State _____ Dates Attended _____

3. What language is spoken by you and your family most of the time at home? _____

4. If available, in what language would you prefer to receive communication from the school? _____

5. Please check if your child is:
   A. ❑ Native American Indian
   B. ❑ Alaska Native
   C. ❑ Native Pacific Islander
   D. ❑ Native U.S. Virgin Islander

6. Is your child's first-learned or home language anything other than English? ❑ Yes ❑ No

If you responded "Yes" to question number 6 above, please answer the following questions:

7. What language did your child learn when he/she first began to talk? _____

8. What language does your child most frequently speak at home? _____

9. What language do you most frequently speak to your child? (Father) _____
   (Mother) _____

10. Please describe the language understood by your child. (Check only one)
    A. ❑ Understands only the home language and no English.
    B. ❑ Understands mostly the home language and some English.
    C. ❑ Understands the home language and English equally.
    D. ❑ Understands mostly English and some of the home language.
    E. ❑ Understands only English.

_____ Parent or Guardian's Signature

_____ Date

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	

00NCLB-B1a (Rev. 05/08 US)

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Por favor responda en inglés

Bessemer City Schools

ENCUESTA DE IDIOMA DOMESTICO

Spanish

Home Language Survey

Nombre del alumno: _____ Fecha de nacimiento: _____ Sexo: ❑ Masculino ❑ Femenino

Nombre de los padres/apoderado: _____

Dirección: _____

Teléfono de la casa: _____ Teléfono del trabajo: _____

Escuela: _____ Grado: _____ Fecha: _____

1. ¿Nació su hijo/a en Estados Unidos? ❑ Sí ❑ No
   De ser así, ¿en qué estado? _____
   De no ser así, ¿en qué país? _____

2. ¿Ha asistido su hijo/a a alguna escuela de Estados Unidos durante tres años cualesquiera de su vida? ❑ Sí ❑ No
   Si la respuesta es afirmativa, indique el nombre de la escuela (o escuelas), estado, y fechas de asistencia:
   Nombre de la escuela _____ Estado _____ Fechas de asistencia _____
   Nombre de la escuela _____ Estado _____ Fechas de asistencia _____
   Nombre de la escuela _____ Estado _____ Fechas de asistencia _____

3. ¿Qué idioma habla usted y su familia con más frecuencia en el hogar? _____

4. Si hay a disposición, ¿en qué idioma le gustaría recibir la comunicación de la escuela? _____

5. Marque si su hijo(a) es:
   A. ❑ Indio americano nativo
   B. ❑ Nativo de Alaska
   C. ❑ Nativo de las islas del Pacífico
   D. ❑ Nativo de las Islas Vírgenes de EE.UU.

6. ¿Es el idioma primario de su hijo(a) o el que se habla en el hogar distinto al inglés? ❑ Sí ❑ No

Si su respuesta a la pregunta 6 es "Sí", responda las siguientes preguntas:

7. ¿Qué idioma aprendió su hijo cuando recién comenzó a hablar? _____

8. ¿Qué idioma habla en casa su hijo(a) con más frecuencia? _____

9. ¿En qué idioma le habla con más frecuencia a su hijo(a)? (Padre) _____
   (Madre) _____

10. Describa el idioma que su hijo(a) entiende. (Marque sólo uno)
    A. ❑ Entiende solamente el idioma del hogar y no inglés.
    B. ❑ Entiende mayormente el idioma del hogar y algo de inglés.
    C. ❑ Entiende el idioma del hogar y el inglés por igual.
    D. ❑ Entiende inglés mayormente y algo del idioma del hogar.
    E. ❑ Entiende inglés solamente.

_____ Firma del padre o tutor

_____ Fecha

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	

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ALABAMA STATE DEPARTMENT OF EDUCATION
EMPLOYMENT SURVEY

SCHOOL SYSTEM: _____ SCHOOL YEAR: _____

SCHOOL: _____GRADE: _____

Dear Parents or Guardians;

Please, complete the following survey. The results of this survey will be used to determine if you are possibly eligible for the Migrant Education Program.

Student Name: _____

Name of Parent or Guardian: _____

Address: _____

Telephone Number: _____

1. Have you moved during the last 3 years **to work or to seek work** even if it was for a short period of time? **YES** _____ **NO** _____

2. Are you or your spouse **working or have you worked** in an activity directly related to some of the following? Please, check (√) all applicable:

   - ☐ The production or process of harvests, milk products, poultry farms, poultry plants, cattle farms
   - ☐ Fruit farms
   - ☐ The cultivation or cutting of trees
   - ☐ Work in nurseries or sod farms
   - ☐ Fish or shrimp farms
   - ☐ Worm farms
   - ☐ Catching or processing sea food (shrimp, oysters, crabs, fish, etc.....)

3. From what city, state or country did you come from? _____

   _____

4. What type of work did you or your spouse do before coming here? _____

   _____

SECRETARIA DE EDUCACION DEL ESTADO DE ALABAMA
ENCUESTA DE EMPLEO

SISTEMA ESCOLAR: _____ AÑO ESCOLAR: _____

ESCUELA: _____ GRAD0 DE LA ESCUELA:_____

Estimado Padre o Guardián,

Por favor de completar la siguiente encuesta. Los resultados de ésta encuesta serán usados para determinar si son posiblemente elegibles para el Programa de Educación para Migrantes.

Nombre del niño: _____

Nombre del padre o guardián: _____

Dirección: _____

Teléfono: _____

1. ¿Se ha mudado usted en los últimos tres años **para trabajar o buscar trabajo** aunque haya sido por un tiempo corto? **SI** _____ **NO** _____

2. ¿Usted o su cónyugue **trabajan o han trabajado** en una actividad directamente relacionada a algunas de las siguientes? Por favor de marcar (√) los aplicables:

   - ☐ La producción o proceso de cosechas, productos de lechería, aves, polleras o ganado.
   - ☐ Huertas de frutas.
   - ☐ La cultivación o corte de árboles.
   - ☐ Trabajo en Invernaderos o granjas de Césped
   - ☐ Granjas de pescados o camarones
   - ☐ Granjas de gusanos
   - ☐ La pesca o proceso de mariscos (camarones, ostiones, cangrejos, pescados, etc…)

3. ¿De que ciudad, estado o país se mudaron? _____

   _____

4. ¿Que tipo de trabajo hizo usted o su cónyugue antes de mudarse aquí? _____

   _____