**Teacher's Observation of Child Health**

Child’s Name ___________________________ Teacher ______________________

Classroom_______________________ Date of Observation 1<sup>st</sup> ___________ 2<sup>nd</sup> ___________

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

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

- **Tires Easily**
- **Frequently Sleepy**
- **Inactive**
- **Shortness of Breath with Exercise**
- **Unintelligible Speech**
- **Poor Hearing**
- **Discharge or Running from ears**
- **Continuous Runny Nose**
- **Frequent Nose Picking or Rubbing**
- **Convulsions, Fits or spells**
- **Poor Writing or Drawing**
- **Headaches**
- **Clumsy**
- **Poor Vision**
- **Eyes Crossed Or Out**

- **Poor Posture, Limp / Abnormal Gait**
- **Poor Nutrition or eating Habits**
- **Poor Hygiene**
- **Skin Rash / Skin Sores**
- **Frequent Scratching**
- **Pale or Sallow Skin**
- **Over or Under Weight**
- **Stomachaches**
- **Vomiting**
- **Frequent Urination**
- **Wet Pants**
- **Soil Self with Bowel Movements**
- **Cough**
- **Wheezing**
- **Red, Runny or Itchy Eyes**

**What is your opinion of this child's health?**
- **Perfectly Healthy**
- **Specific Problem(s) as noted, but Generally Healthy**
- **Not in Good Health**

*Document Follow Up Here:*