

Student Information Sheet

Student's name _____ Grade _____

Disability/Diagnosis

Diagnosis: _____

Brief Description: _____

Diagnosis: _____

Brief Description: _____

Diagnosis: _____

Brief Description: _____

Diagnosis: _____

Brief Description: _____

Diagnosis: _____

Brief Description: _____

Medications

Name of medication	Dosage	Time to be given	Reason for Medicine	Possible Side Effects

Medication allergies _____

Food allergies and restrictions

Food	Reaction	Treatment

Physicians and Health Care Providers

Name	Specialty	Phone number

Emergency Contact Information

Name	Phone numbers

Child's Strengths

Areas of Concern

Other Restrictions: _____

Accommodations/Modifications: _____

Other Important Information: _____

