

**TMCSEA**  
**Tazewell Mason Counties Special Education Association**  
**300 Cedar Street Pekin IL, 61554-2576**  
**Ph. 309/347-5164 - Fax 309/346-0440**

**Student Health Observation Form**

<b>Student's Name</b> _____	<b>DOB</b> _____
<b>Observations</b>	<b>Describe what you have seen</b>
<b>General Condition</b> (eating habits, nutrition, hygiene, skin condition, posture, fatigue, height, weight)	
<b>General Behavior</b> (alert, responsive, attentive, restless, fearful, shy, aggressive, happy, cooperative, obedient, hyperactive)	
<b>Behavior at Play</b> (socially active, solitary, interested, coordinated, excitable, tires easily)	
<b>Performance</b> (memory, achievement, interest, reasoning, pride in performance, attitude, ability to concentrate)	
<b>Perceptual Status</b> (vision, hearing, speech, understanding, concentration, distractible, child does not like noise, sound or to be touched)	
<b>Other Factors Noted</b> (for example, recurring diseases, frequent absences, etc):	

Is the student right or left handed? \_\_\_\_\_

How does the student learn (example-visual or auditory learner)? \_\_\_\_\_

Recommendation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_