Community Action of Southeast Iowa
Support Meeting Form

Child's Name:_____ Parent/Guardian Name: _____

Date: _____ County: _____ Teacher: _____

Reason for Meeting:

***Medical-Related* – <u>follow with form A</u>**	***Educational* – <u>follow with form B</u>**	***Family Supports* – <u>follow with form C</u>**
☐ Medical Concerns ☐ Food Allergy ☐ Nutrition / Special Diet	☐ IFSP / IEP ☐ Behavior Concerns ☐ Developmental Concerns (social, cognitive, speech, physical, self-care, etc.)	☐ Attendance Concerns ☐ Family Supports ☐ Other: _____

General Information:

Current Health Status	***Current Medication***	***Attendance at HS/EHS***
☐ No concerns ☐ Sick sometimes ☐ Sick a lot ☐ Sick most of the time	_____ _____ _____	☐ Satisfactory (at or above 85%) ☐ Sporadic or inconsistent ☐ Chronic absenteeism

Daily Screen Time (TV, video, computer, tables, etc.)	***Sleep Habits/Bedtime Routine***	***Hours of Restful Sleep Per Night***
☐ None ☐ 1 hour or less ☐ 1-2 hours ☐ 2-3 hours ☐ 3+ hours What do they do/watch? _____ _____ _____ _____	☐ Sleeps great ☐ Co-sleeps ☐ Wakes up some ☐ Frequently wakes ☐ Difficulty falling asleep ☐ Nightmares or night terrors	Time child falls asleep: _____ Time child wakes from sleep:_____ _____# of hours per night

Strengths & Likes	***Notes***
At Home:_____ _____ _____ _____ At School: _____ _____ _____	_____ _____ _____ _____ _____ _____ _____

Support-Follow Up Date: __/__/____ (@ 2 weeks) FDS will follow-up with family on progress via phone or in person	**Follow-Up Meeting Date: __/__/____** (@ 4 weeks) A follow-up meeting will take place

In Attendance: (First Name, Last Name and Title)

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Reviewed By:

Education Coordinator_____	Family Services Coordinator_____
Education Manager _____	Health & Nutrition Coordinator _____
Coach & Disability Coordinator_____	Program Director _____

Form A: Medical Concerns

Medical Concern:

What is the concern?	
☐ Asthma ☐ Non-Food Allergies ☐ Seasonal (summer, spring, winter, fall) ☐ Insect Bite/Sting ☐ Environmental (mold, dust, pollen, sun, grass) ☐ Medications (Penicillin, Tylenol) _____ ☐ Other (soap, detergent, latex, etc.)_____ **Does the allergy cause anaphylaxis*?** YES / NO (Circle) **If Yes:** ☐ Anaphylaxis Action Plan received ☐ Medication Permission Form received **If No:** ☐ Non-Food Allergy Action Plan received ☐ Seizures ☐ Seizure Action Plan received ☐ Medication Permission Form received	☐ Low Hemoglobin ☐ High lead ☐ Medication given at school (specify:_____) ☐ Eating non-food items (specify:_____) ☐ Diagnosed or Suspected Disorder: ☐ Attention Deficit Disorder/Hyperactivity (ADD / ADHD) ☐ Oppositional Defiance Disorder (ODD) ☐ Obsessive Compulsive Disorder (OCD) ☐ Reactive Attachment Disorder (RAD) ☐ Autism Spectrum Disorder ☐ Other:_____ ☐ Medical Condition: ☐ Hemophilia ☐ Diabetes ☐ Sickle Cell Disease ☐ Failure to thrive ☐ MRSA ☐ Other:_____
☐ We have a documentation of diagnosis from:_____	
Accommodations Needed:	***Additional Notes:***
Specify:	

Anaphylaxis: In some people, an allergy can trigger a severe allergic reaction called anaphylaxis. The most common causes are to foods, bee stings, and medications. Signs and symptoms include a rapid, weak pulse; blood pressure drops suddenly, the airways narrow - blocking breathing, a skin rash; and nausea & vomiting. ***Emergency treatment is critical for anaphylaxis. Untreated, anaphylaxis can cause a coma or even death.***

Food Allergy/Special Diet:**

What is the allergy or intolerance?		***Type of Reaction:***		***Forms Needed:***
☐ Milk	☐ Soy	☐ Anaphylaxis – life threatening reaction	☐ Diarrhea	☐ Food Anaphylaxis Action Plan received
☐ Eggs	☐ Peanuts / Tree Nuts		☐ Rash	
☐ Fish	☐ Shellfish	☐ Difficulty Breathing	☐ Hives	☐ Medication Permission form received
☐ Wheat	☐ Other: _____	☐ Swelling	☐ Other:_____	☐ Diet Modification Form received
		☐ Nausea/Vomiting		
Modification Plan (prescribed by physician):				

****Food allergies** can cause severe symptoms or anaphylaxis in some people. Food allergy reactions can take seconds to minutes to show signs and symptoms. A **food intolerance/sensitivity** can have a delayed response time and usually involve the digestive system or skin conditions.

Form B: Educational Concerns

Educational Concerns:

What is the Diagnosis or Suspected Disorder?

☐ We have a documentation of diagnosis from:_____

IFSP / IEP:

☐ IFSP / IEP on file

Type of Meeting:

☐ SOD (Suspicion of Disability)
☐ Eligibility
☐ Evaluation
☐ Annual Review
☐ Other: _____

What are the Developmental Concerns?

☐ Social Emotional
☐ Cognitive
☐ Self-Care
☐ Speech
☐ Physical
☐ Other: _____

Notes and Accommodations Needed:

Have there been any changes that may be affecting the child's behavior at school?
(Changes in home environment, schedule changes, sleeping patterns, abuse, family members gained/lost, etc.)

☐ No
☐ Yes

Explain:

☐ We have behavior reports / documentation on file.
Describe:_____

☐ We have incident reports / documentation on file.
Describe:_____

Behavior(s) Observed

Possible Motivation / Trigger for the Behavior

Strategy / Responses

☐ Verbal reminder
☐ Reteach or practice expected behavior
☐ Move within group
☐ Removal of item
☐ Physically intervened
☐ Family contact
☐ Time with teacher
☐ Curriculum modification
☐ Redirect to different activity or toy
☐ Remove from activity or area
☐ Provide physical comfort
☐ Other:_____

Preventative Measures Used

☐ Tucker Turtle
☐ Social story
☐ Visual schedules
☐ Solution cards
☐ Emotions chart or thermometer
☐ Transition timer
☐ First/then board
☐ Stop signs
☐ Reteach rules with visuals
☐ Cue cards
☐ Activity sequence visuals
☐ Other:_____

Form C: Family Concerns

Attendance Concerns

What is the concern?

- ☐ % of Attendance (below 85%)
- ☐ Multiple unexcused absences
- ☐ Sporadic or inconsistent attendance
- ☐ Chronic absenteeism
- ☐ Other: _____

What is the reason for the child's absences? (Attendance Barriers)

- ☐ Missing the city bus
- ☐ Transportation issues
- ☐ Tired / oversleeping
- ☐ Work schedule conflict
- ☐ Child care hours
- ☐ Housing issues
- ☐ Family issues
- ☐ Afraid / doesn't like school
- ☐ Conflict at school
- ☐ Criminal Justice involvement
- ☐ Illness
- ☐ Pregnancy
- ☐ Mental Health
- ☐ Custody Issues
- ☐ Other: _____

Provide specific details regarding the attendance barriers noted above:

_____

_____

Attendance Improvement Plan

Attendance Goal	Actions to Achieve Goal	Accomplish by Date
Example: *Joey will be in class for 4 of 5 days each week*	*Complete repairs on car and ask grandma to help take Joey to school until car is fixed*	*11-1-17*
Goal #1:		
Goal #2:		

Parent Education, Attendance Supports & Resources

_____

_____

Family Supports / Other

What is the concern?

_____

_____

_____

_____

Family Supports, Resources and Referrals

_____

_____

_____

_____

Additional Notes / Comments:

_____

_____

_____

_____

_____