SCHOOL ASTHMA HISTORY AND NEEDS ASSESSMENT

Student Name:		Teache	er/Team:	School Year			
1. 2.	How long has your child had asthma? What signs and symptoms signal a flare up of your child's asthma?						
3.	Describe any special care your child requires at school.						
4.	Any dietary restrictions to follow at school?						
 5.	Describe the plan of care in the event of field trips, after-school activities and exercise.						
6. 7.	How many days of school did your child miss last school year? □ 0 days □ 1-2 days □ 3-5 days □ 6-9 days □ 10-14 days □ 15 or more days During the past year has your child's asthma ever stopped him/her from taking part in sports, recess, physical education or other school activities? □ None □ Some of the time □ All of the time						
8. 9.	In the past month, <u>during the day</u> , how often has your child had a hard time with coughing, wheezing or breathing? □ 2 times a week or less □ More than 2 times a week □ All the time - throughout the day - every day						
Equipment and Supplies Provided by Parents Daily Asthma Medications Emergency Asthma Medications Peak Flow Meter Supplies (with mouthpiece) Spacer for Metered Dose Inhaler Use Nebulizer Tubing/Mask Please list asthma and allergy medications that your child takes at home:							
	ate my child's need for add None 1-Very Low	litional knowle 2-Low	dge about asthma as 3-Moderate	s: 4-High	5-Very High	(please circle one)	
	ate my child's need to impo None 1-Very Low	rove skills for se 2-Low	elf-management of a 3-Moderate	sthma (use of i 4-High	nhalers, peak flow m 5-Very High	eters, symptom reporting) as: (please circle one)	
	ate my child's health problem None 1-Very Low	s related to asth 2-Low	ma currently as 3-Moderate	4-High	5-Very High	(please circle one)	
	ate my level of concern abo None 1-Very Low	out asthma pos 2-Low	ing a safety risk for r 3-Moderate	my child at scho 4-High	ol: 5-Very High	(please circle one)	
1	ate MY need for additional None 1-Very Low	asthma inform 2-Low	nation as: 3-Moderate	4-High	5-Very High	(please circle one)	

Asthma Needs Score: _____ (sum of item scores)