

Sacramento City Unified School District  
CHILD DEVELOPMENT DEPARTMENT  
**SPECIAL CONCERN FORM**

Copy to Nurse  
Copy to Special Needs Coordinator

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Program: HS SP Wrap FD

Dear Parent: Please provide us with the following important information that will help your child have a safe and smooth transition to school.

1. ~~HEALTHY CHILD~~ QUALITY CHILD Please explain \_\_\_\_\_

Requires a SPECIAL DIET due to a medical or allergy condition OR personal preference (Such as dairy free, No pork, etc.)  
 No  Yes- Please explain \_\_\_\_\_

2. ~~SPECIAL NEEDS~~ My child:

Receives or did receive SERVICES FOR SPECIAL NEEDS from the school district or other agencies (Such as, ALTA, CSOE, CCS, Easter Seals, Shriner's Hospital, etc.)  
 No  Yes- Please explain \_\_\_\_\_

Has been IDENTIFIED/ASSESSED FOR SPECIAL NEEDS  
 No  Yes- Please explain \_\_\_\_\_

Has an INDIVIDUAL EDUCATION PLAN (IEP) or INDIVIDUAL FAMILY SERVICE PLAN (IFSP)  
 No  Yes- Please explain \_\_\_\_\_

3. TOILETING STATUS (Preschool ~~or My~~) child:

Is in diapers or  pull-ups

4. TOILETING READINESS (Preschool ~~or My~~) child:

Needs ASSISTANCE WITH TOILETING  
 No  Yes- Please explain \_\_\_\_\_

Office Use Only

All boxes checked No File the WHITE copy of this form in the Child's Classroom File and the YELLOW copy in the Yellow Health Folder.  
Any box checked Yes: The child's file is placed ON HOLD. If a health need is indicated, a copy is forwarded to the Nurse. If special needs are indicated, a copy is forwarded to the Special Needs Coordinator. The child's enrollment is pending until cleared by the Nurse and/or Special Needs Coordinator (except for Toileting Readiness). Enrollment eligibility status will not be affected; however, the child may not begin until cleared. File copies of the final form(s) in the Yellow Health Folder and Child's Classroom File.

HEALTHY Send this form & copy of Health History to Nurse. \_\_\_\_\_  
Date sent \_\_\_\_\_ Office Technician \_\_\_\_\_

Child is cleared for attendance:  Yes  No  Pending \_\_\_\_\_  
Date returned \_\_\_\_\_ Nurse Signature \_\_\_\_\_

Comments: \_\_\_\_\_

SPECIAL NEEDS Send this form & copy of IEP/IFSP to Special Needs Coordinator. \_\_\_\_\_  
Date sent \_\_\_\_\_ Office Technician \_\_\_\_\_

Child is cleared for enrollment:  Yes  No  Pending \_\_\_\_\_  
Date returned \_\_\_\_\_ Special Needs Coordinator Signature \_\_\_\_\_

Comments: \_\_\_\_\_

TOILETING STATUS Send a blank Toileting Plan to classroom teacher prior to child's enrollment if checked yes above.

Distribution: White Final copy of original Yellow Health Folder and Child's Classroom File