

Los Angeles Unified School District
Division of Special Education
EARLY CHILDHOOD SPECIAL EDUCATION

333 South Beaudry Avenue, 17th Floor
Los Angeles, California 90017
Telephone: (213) 241-4713 Fax: (213) 241-8932

Return to School Interview Checklist

In preparation for a student returning to school this form is completed to assist in the determination of type of support/s a student may need in school.

Home Instruction teacher: Interview family/nurse and provide to nurse assigned to home instruction student

Student Information:

Name:		DOB:	/ /	Sex:	M <input type="checkbox"/> F <input type="checkbox"/>
Parent/Guardian:		Phone:		Phone:	
Language:		Email:			

Interview Questions:

1. Is the student taking and prescribed medication? **Yes** **No**
2. Does the student require tube feeding? **Yes** **No**
3. Does the student require catheterization? **Yes** **No**
4. Does the student require suctioning? **Yes** **No**
5. Does the student have a tracheostomy? **Yes** **No**
6. Does the student require oxygen? **Yes** **No**
7. Is the student on a ventilator? **Yes** **No**
8. Does the student have seizures requiring treatment? **Yes** **No**
9. Does the student require nebulizer treatment? **Yes** **No**
10. Does the student need assistance with feeding? **Yes** **No**
11. Does the student require toileting assistance? **Yes** **No**
12. Is the student on a special diet? **Yes** **No**
13. Is the student ambulatory? **Yes** **No**

a. If yes, please list required equipment (wheelchair, crutches, walker, etc.):

Name of Teacher: _____ email: _____ phone: _____