ASSESSMENT DATA: (check or circle if applicable)
Date of Assessment _____

Reviewed: Doctor's Orders ___ Asthma Action Plan___ HIPAA ___ 504 ____

Height & Weight Date: _____ Height: _____ Weight: _____ Height/Weight %: _____

Vision Screening Date: ___ Results:

Hearing Screening Date: ___ Results:

Diagnosis/Current Status: Age @ diagnosis: ___
Immunization Status:

Personal best peak flow _____

Caution Peak Flow Zone (50% - 80% of personal best) ____

Alert Peak Flow Zone (less that 50% of personal best) _____

Frequency of asthma episodes_____ Number of Hospitalizations _____

Severity Classification

____ Intermittent (asthma symptoms 2 days a week or less, asthma does not interfere with daily activities)

____ Mild Persistent (more than 2 days a week but not daily, only minor interference with daily activities)

____ Moderate Persistent (asthma symptoms occur almost daily and moderately interfere with daily activities)

____ Severe Persistent (daily asthma symptoms despite control measures & you have extreme interference with daily activities)

Symptoms during asthma attack:

- ☐ Tightness in chest
- ☐ Shortness of breath
- ☐ Cough
- ☐ Wheezing
- ☐ Other _____

Triggers to asthma episode:

- o Exercise o Illness
- o Allergies o Stress
- o Cold o Smoke (is your child around anyone that smokes? Yes / No
- o Other _____

Family Resources:

Primary Contact: _____

Preferred Type of Contact: Phone: ___ Written: ___ In Person: ___ email: ___ (obtained on separate form.)

Physician who manages asthma: _____

Date of most recent follow-up: _____

Parent has phone: yes ___ no ___

Parent has transportation: yes ___ no ___

Uses community resources yes ___ no ___

Attendance Issues School yes/ no Classroom yes/ no

Student's strengths: developed age appropriate self-management skills ____

Good problem solving ability ____

Communicates needs ___ accepts diagnosis ___

Effective coping skills ___ good social skills ___

Self-Management:

What does student do to relieve the symptoms during an attack?

- ☐ Rests
- ☐ Drinks fluids
- ☐ Uses breathing exercises
- ☐ Checks peak flow
- ☐ Takes medication
- ☐ Other _____

Do you know how to use a peak flow meter? Yes No

What is your personal best peak flow reading? _____

Knows when medication needed? Yes No

Is a spacer used with inhaler? Yes No

Has student had asthma education? Yes No

Current Medications:

Name of Medicine	What is the dose?	When is it used?

NOTES: