

## SCHOOL REENTRY INFORMATION WORKSHEET

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Date of Injury \_\_\_\_\_ Cause of Injury \_\_\_\_\_

**Medications** *(list current meds and significant side effects to watch for)*

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**Physical Limitations/Restrictions** *(fatigue, limitations for sports/PE class, etc.)*

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**Recent Evaluations – Note critical recommendations**

PT: \_\_\_\_\_

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OT: \_\_\_\_\_

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Speech: \_\_\_\_\_

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Psych: \_\_\_\_\_

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Assistive Technology: \_\_\_\_\_

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Memory Issues: \_\_\_\_\_

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Education: \_\_\_\_\_

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Behavioral Issues *(include suggestions for management strategies)*

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**Additional Information/Suggestions**

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Hospital Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Date Completed \_\_\_\_\_

*School ReEntry Model for Students with Brain Injury  
Iowa Department of Education*

Please print and send on Van  
Route 8 to Julie Stessman