

FORM FOR IDENTIFYING CONCERNS
To be filled in by school nurse

patient number

For research purposes 2017-2018

	Are you concerned about the student's (Please check the most suitable option)	Not at all	Only a little	Quite a lot	A great deal	I don't know
1	growth					
2	hearing					
3	some physical symptom					
4	concentration					
5	behavior					
6	emotions					
7	ability to get on with others					
8	eating					
9	sleeping					
10	the well-being of a family member or the whole family					

Do you wish the school doctor to address these concerns or some other concern related to the well-being of the student?

Yes	No	I don't know

Please describe your concern in your own words (if you wish, you can continue on the other side of the page)

Student's name and class

School nurse's name

Date

School nurse's signature
