



Unusal Behavior Assessment Report

Print Form

Health Services
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P: (907) 746-9200

Student's Name _____ Date of Birth _____ Grade _____
Accompanied to Health Office by _____
School _____ Date _____ Time Examined _____

History of head injury? _____ Last slept? _____

Food/drink What and when: _____ Medications? Prescription: _____
OTC: _____

NURSING ASSESSMENT (OBJECTIVE) - SYMPTOMS OBSERVED:

Conscious Unconscious

VITAL SIGNS

B/P _____ P _____ R _____ Temp _____ O2 Sat _____

Vital signs of good quality

Vital signs of irregular Quality...

EYES

- Unusual eye movement
- Bloodshot
- Pupils reactive to light
- Pupils non-reactive to light
- Enlarged pupils.....
- Pinpoint pupils

SKIN

- Cool/Clammy
- Warm/dry
- Visible injection sites?

SPEECH

- Slurred
- Rapid
- Coherent
- Incoherent

COORDINATION

- Loss of Balance
- Staggering
- Slow reflexes
- Balance: Steady Unsteady

OTHER PHYSICAL FINDINGS

Walks a straight line: Normal

Impaired

Finger to Nose: Normal

Impaired

Touching Toes: Normal

Impaired

EMOTIONS

- Calm...
- Depressed
- Dazed
- Restless
- Aggressive
- Quick Tempered
- Quarrelsome
- Awareness & Perception Altered
- Violent
- Auditory Hallucinations Visual
- Hallucinations Laughing/
- Giggling

BREATH

- Odorless
- Odor of Alcoholic Beverages
- Camouflaged Breath
- Other

PHYSICAL APPERANCE/CLOTHING/HAIR

Looks:

- Neat
- Disheveled
- Clean

Unclean

- Hands:**
- Clean
- Unclean

Odor?

No Yes

Hand Tremors:

No Yes

Body Tremors:

No Yes

THOUGHT PROCESS

- Remains Focused
- Wandering
- Paranoia
- Delusion
- Hallucinations

Date _____ Phone _____ School Nurse _____

Date _____ Phone _____ School Principal _____



Unusual Behavior Assessment Report

Health Services
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P: (907) 746-9200

Student's Name _____

Date _____

NURSING ASSESSMENT (SUBJECTIVE) – STUDENT STATEMENTS:

DISPOSITION:

- | | |
|---|----------|
| <input type="checkbox"/> Return to Class | Comment: |
| <input type="checkbox"/> Parent/Guardian informed | Comment: |
| <input type="checkbox"/> Administrative referral | Comment: |
| <input type="checkbox"/> Excused to home with parent/guardian | Comment: |
| <input type="checkbox"/> Social worker referral | Comment: |
| <input type="checkbox"/> Counselor referral | Comment: |
| <input type="checkbox"/> Other agency referral | Comment: |

ADDITIONAL COMMENTS – FOLLOW-UP:

Date

Phone

School Nurse Signature

Date

Phone

Principal Signature