**Hospital School Program**

**School Transition Recommendations**

**Name:** @NAME@

**Date of Birth:** @DOB@

**School:** \*\*\*

**School District:** {NCH-FL School Districts:28727}

**Grade Level:** {School Program Grade Levels:28728}

**Admit Date:** @ADMITDT@

**Anticipated Discharge Date:** \*\*\*

**Diagnosis/Reason for Admission:** @ADMITDX@

@NAME@ has had an injury/illness resulting in an inpatient rehabilitation stay at Nemours Children's Hospital, FL. During their hospitalization, @FNAME@ received therapies in the following areas: Physical Therapy, Occupational Therapy, and Speech Therapy. Although @FNAME@ has made a great deal of progress and is ready to return to school, @FNAME@ is still in the process of recovery and continues to have difficulties that will impact their performance in school.

To foster a smooth transition back to school, the following supports, services, and accommodations are recommended by the inpatient rehabilitation team. We encourage you to please consider developing an Individual Education Plan (IEP) or a 504 plan to address @FNAME@'s educational needs.

**A. AREAS OF CONCERN:**

@FNAME@ is currently demonstrating deficits in the following areas:

|  |  |  |
| --- | --- | --- |
| **Cognitive Domains** | **Sensorimotor Domains** | **Psycho-Social Domains** |
| Memory  Receptive Language  Expressive Language  Cognitive Linguistic Skills  Attention  Executive Functioning  Processing Speed | Vision  Visual-Perceptual Difficulties  Visual-Motor Integration  Hearing  Gross Motor Skills / Mobility  Fine Motor Skills  Speech Production | Impulsivity  Frustration Tolerance  Decreased Safety Awareness  Lability (Mood Swings)  Social Interactions |

**B. IMPLICATIONS FOR LEARNING:**

**Cognitive Domains**

INSERT SMARTPHRASES

**Sensorimotor Domains**

INSERT SMARTPHRASES

**Psycho-Social Domains**

INSERT SMARTPHRASES

**C. OTHER CONSIDERATIONS:**

**Current Medications**

* Student may require administration of prescribed medication during school hours. Please provide family with required *Medication Authorization Form.*
* Ensure that medication is stored in secure yet easily accessible locations during the school day, during school-sponsored activities, and during field trips.

**Physical Accessibility**

* Mobility throughout the school building:
  + {School Reentry Ambulation:30766}
  + \*\*\*
* Transportation:
  + {School Re-Entry Transportation:30767}
  + \*\*\*

**Toileting**

* {School Re-Entry Toileting:30768}
* \*\*\*

**Eating**

* Diet :
  + {School Reentry Diet:30769}
  + \*\*\*
* Supervision/Assistance:
  + {school reentry eating:30770}
  + \*\*\*

**Recess / Physical Education**

* {School Reentry PE:30771}
* \*\*\*

**Medical Concerns / Precautions**

* {School Re-Entry Precautions:30772}
* \*\*\*
* Please provide family with the required *Physician's Order Form*
* We recommend that an Individualized Healthcare Plan (IHCP) be developed to ensure that the student's medical needs are appropriately met within the school setting.

**D. SUMMARY:**

Please note that the above recommendations are based on the student's level of functioning at the time of hospital discharge. Ongoing observation and assessment is recommended to monitor student's progress and educational needs. Please maintain consistent home-school communication and notify family of any concerns.

**The following evaluation(s) are attached for your review:**

Kaufman Test of Educational Achievement (KTEA-3)

Neuropsychological Evaluation

If you have any questions and/or need further documentation, please don't hesitate to contact us. Thank you for your support!

@ME@

Special Education Teacher / School Liaison

Phone: 772.667.4767

Email: becca.grysko@nemours.org

@TD@ @NOW@