

STUDENT HEALTHY WEIGHT PROGRAM

Nurse Progress Report

To be completed by School Nurse each quarter

School Nurse: _____ Date: _____

School: _____ Grade: _____ Age: _____

Student Name or Initials: _____ Date of Enrollment: _____

Weight: _____ Height: _____ BMI: _____ Blood Pressure: _____/_____

Referring Health Care Provider: Email: _____ Fax# _____

Nurse General Comments:

School Nurse Quarterly Report

_____ Nurse Discussion Topics Reviewed (Check those that apply during this quarter)

- My Health Profile Pre-Survey
- Benefits of Healthy Lifestyle
- 5-2-1-Almost None Wellness Plan Components
- Proper Nutrition
- Fruits and Vegetables
- Grains and Proteins
- Dairy
- Smart Snacks
- Introduce Nutrition Log
- Proper Hydration
- Sugary Beverages
- Review Nutrition Logs with Drinks
- Discuss Good Sleep Routines
- My Health Profile Post-Survey
- Other Topics for Discussion based on Student Needs or Interest

ADDITIONAL OBSERVATIONS OR CONCERNS:

Please Email or Fax the Nurse and PE Quarterly Reports to Referring Health Care Provider

Please Email or Provide Hardcopy of Quarterly Reports to Parent

THANK YOU FOR YOUR PARTICIPATION IN THIS PROGRAM