



Student Individual Healthcare Plan Information Form
Pepa in Melele ko jen Rijikuul

1. Do you have a medical condition or illness that requires routine or emergent care during the school day? **Ewor ke juōn am nañinmej eo me kwoj aikuj jibañ kake ilo am bed ilo jikuul?**

Yes/Aet No/Jaab

If yes, what is the name of the condition? **Ne aet, etan nañinmej ne?** _____

2. When and how often is this medical condition a problem for you?
Naat im ewi ikkutkut in am bōk nañinmej ne?

3. How does the condition or illness affect you when the symptoms are most serious?
lalmen an nañinmej in jelet kwe ñe kakōlle ko relukkun lap im kajoor?

4. Please list all medications you currently take (over the counter and prescription).
Jouj im kalaajraki aolepen uno kane kwoj būki kiō (uno ko jen taktō im ko jen mōn wia ko) . _____

5. Have there been any important changes within the family recently (i.e. moves, births, death, serious illness (family member, friend), separations/divorce): **Ekar ke wor oktak aurōk ibben baamle ne iloan raan ko rej mootlōk (einwōt: emmakit jen jikin ñan jikin, lotak, mij, nañinmej ko rellap (uan baamle ne, mōttami, jebel):**

Yes/Aet No/Jaab

If yes, please identify the changes and when they occurred:

Ne aet, jouj im kwalōk oktak rōt im ñaat: _____

6. Describe your behavior and relations with others: peers, siblings, neighbors, and parents (i.e. get along well with others, social, affectionate, withdrawn):

Kōmeleleiki mwilim im wāweim ibben ajiri ro drettam wot, ro jeiūm im jatim, ro rej jokwe turimi, im jinōm/jemom (einwot: kareijar ibben ro jet, bed im makitkit ibbāer, kwalōk am iakwe er, makoko):

7. Information from a medical provider can be very helpful in determining how to best meet your needs. Please provide any pertinent medical records.

Melele ko jen taktō remaroñ lukkun jibañ ilo ad kajjeoñ in bukōt wāwein ko rejejjōt tata nān kabwe aikuj kane am. Jouj im letok jabdeiwōt melele ko jen taktō kin nañinmej in.

8. Is there any other information about you that you would like the school staff to know?

Ewor ke jabdeiwot bar melele kin kwe im kwoj kōnaan bwe rijerbal ra an jikuul e ren jelā kake?

Name (PRINT)/Etam (JEIKI)

Signature/Jaini Etam



Center for Disabilities