

Health and Wellness Review



Uncover Connections to Behavior and Learning

Medical and health factors are a component of a comprehensive support plan for youth with IDD and behavioral health needs. Medical and health factors can have a significant impact on behaviors, learning, and socialization and should be part of planning for the educational program. Educators, providers, and families should use the Health and Wellness Review as a guide to discuss and identify important information that can assist a team to understand the connection between the youth's health profile and success in school. The resulting information from the Health and Wellness Review can help identify supports and interventions that families and providers can use to prepare the youth for school, as well as supports for the youth while in the educational environment.

Guidance for Completion of the Health and Wellness Review

1. Who

If possible, complete or update the Health and Wellness Review together as a team. If this is not possible, request that team members individually submit information to one person on the team who will compile the information using the Health and Wellness Review form. The information can then be reviewed during a team meeting.

2. Preparation

Prior to meeting, the organizer of the meeting contacts the team members to provide a description of the Health and Wellness Review and to request that team members have relevant information available for the meeting. If the team is not meeting as a group to complete the review, the meeting organizer should also include information from the "Introduce the Review" step below.

3. Facilitator and Scribe

If meeting as a group, have one person facilitate the meeting and one person scribe to capture the important information that is shared during the meeting.

4. Introduce the Review

The facilitator begins the meeting by explaining the importance of reviewing medical and health factors when building a support plan to enhance learning, social interactions, and positive behaviors. During discussions, the facilitator should remind the team to look for the connections between the reported health and medical issues and learning and behavior. The facilitator also prompts the team to discuss supports or interventions that may be needed.

5. Process

Initial Review. The first time the Health and Wellness Review is completed plan to pace the discussions to allow time for processing, sharing, and discussion of each section. Introduce each section using the information provided on the Health and Wellness Review form. For each section, team members share and discuss the youth's relevant health information. If information has been provided to the facilitator prior to the meeting, the facilitator can share that information first and then others can provide additional information.

Throughout the meeting, the facilitator reminds the team to discuss the impact on learning and behavior as well as needed supports. The scribe uses the form to record the medical and health information as well as to summarize the discussion on the potential impact and the needed supports.

Update Review. When the Health and Wellness Review is an update review, begin by introducing a section and review the existing information for that section. Also, identify new information and update the existing information. For each section, after information has been offered, review the questions about the potential impact and the needed supports and summarize this information on the form.

Follow Up. After reviewing all sections, determine if any additional steps are needed as a result of the review and discussion. This could include steps such as gathering additional information for a particular item or necessary actions to obtain the supports identified in the discussion.

Next Review. Identify when the next Health and Wellness Review should occur. In some cases, it may be helpful to reconvene in several months to update the form. In other situations, it may be possible to include the review during a yearly IEP or ISP meeting with multi-agency partners in attendance.

6. Sharing Health and Wellness Review

Once the team has finished the review and the review form is complete, determine how to share the information. Confirm who should receive the information and share with team members from multiple agencies that provide service and support for the youth. The Health and Wellness Review should be updated regularly throughout the year and updates shared with the team.

Reminder: The completed review form should only be shared after obtaining the necessary permissions and signed releases.

Health and Wellness Review

Name: _____ **Date of Birth:** _____

Date of Initial Health and Wellness Review: _____

Date of Previous Health and Wellness Review Update: _____

Today's Date: _____

For each section of the Health and Wellness Review:

1. Record relevant health and medical information.
2. Indicate, using the checkbox, if new information has been added since last review.
3. Discuss how the reported health or medical issues impact behavior, learning, or socialization and summarize the discussion.
4. Identify the supports or interventions that should be considered to address needs and summarize the discussion.

Health and Wellness Elements	Youth Information
<div>General Health There has been a change in general health since the last review. Describe the change. Include:<ul style="list-style-type: none">• Summary of Health/Medical Information• Impact on Behavior/ Learning/ Socialization• Supports/Interventions</div>	<div>Describe General Health <div>Poor</div><div>Below Average</div><div>Average</div><div>Above Average</div><div>Excellent</div></div>

<p>Diagnoses/Conditions</p> <p>New diagnoses or conditions have been identified since the last review. Identify the additional diagnoses or conditions.</p> <p>Include:</p> <ul style="list-style-type: none"> • Summary of Health/Medical Information • Impact on Behavior/ Learning/ Socialization • Supports/Interventions 	<p>Describe Diagnoses/Conditions</p>
<p>Allergies</p> <p>New allergies have been identified since the last review. Describe the recently identified allergies.</p> <p>Include:</p> <ul style="list-style-type: none"> • Summary of Health/Medical Information • Impact on Behavior/ Learning/ Socialization • Supports/Interventions 	<p>Describe Allergies</p>
<p>Illnesses and Injuries</p> <p>Illness or injury has occurred since the last review. Describe the illness or injury and dates of occurrence.</p> <p>Include:</p> <ul style="list-style-type: none"> • Summary of Health/Medical Information • Impact on Behavior/ Learning/ Socialization • Supports/Interventions 	<p>Describe Illnesses and Injuries</p>

<p>Current Medications</p> <p>There have been changes in medications since the last review. Describe the recent medication changes.</p> <p>Include:</p> <ul style="list-style-type: none"> • List medication name, reason for medication, dose, schedule, side effects • For Update: Add new medications, identify discontinued medications, changes in dose or schedule • Impact on Behavior/ Learning/ Socialization • Supports/Interventions 	<p>Describe Current Medications</p>
<p>Sleep Patterns and Issues</p> <p>There have been changes in sleep patterns or new concerns since the last review. Describe changes in sleep patterns or new concerns.</p> <p>Include:</p> <ul style="list-style-type: none"> • Summary of Health/Medical Information • Impact on Behavior/ Learning/ Socialization • Supports/Interventions 	<p>Describe Sleep Patterns and Issues</p>

<p>Dietary & Nutritional Needs/ Sensitivities</p> <p>There have been changes in diet or new concerns about nutrition since the last review. Describe changes or new concerns.</p> <p>Include:</p> <ul style="list-style-type: none"> • Summary of Health/Medical Information • Impact on Behavior/ Learning/ Socialization • Supports/Interventions 	<p>Describe Dietary & Nutritional Needs/ Sensitivities</p>
<p>Physical Activity/Motor Skills</p> <p>There have been changes in physical activity/motor skills or new concerns since the last review. Describe changes in physical activity or new concerns.</p> <p>Include:</p> <ul style="list-style-type: none"> • Summary of Health/Medical Information • Impact on Behavior/ Learning/ Socialization • Supports/Interventions 	<p>Describe Physical Activity/Motor Skills</p>
<p>Sensory Needs or Sensitivities</p> <p>There have been changes in sensory needs or sensitivities, new information, or new concerns since the last review. Describe changes or new information related to sensory needs and sensitivities.</p> <p>Include:</p> <ul style="list-style-type: none"> • Summary of Health/Medical Information • Impact on Behavior/ Learning/ Socialization • Supports/Interventions 	<p>Describe Sensory Needs or Sensitivities</p>

<p>Physical Pain or Discomfort</p> <p>There have been changes in physical pain or discomfort or new concerns. Describe the changes in physical pain or newly identified concerns.</p> <p>Include:</p> <ul style="list-style-type: none"> • Summary of Health/Medical Information • Impact on Behavior/ Learning/ Socialization • Supports/Interventions 	<p>Describe Physical Pain or Discomfort</p>
<p>Other</p> <p>There have been changes or new concerns since the last review. Describe the changes or newly identified concerns.</p> <p>Include:</p> <ul style="list-style-type: none"> • Summary of Health/Medical Information • Impact on Behavior/ Learning/ Socialization • Supports/Interventions 	<p>Describe Other</p>

Follow Up

1. Action Steps

Identify the follow up needed such as gathering additional information, sharing the Health and Wellness Review, or adding supports to the youth’s plan. Include who is responsible for each follow up action step.

Action Steps	Who	Notes

2. Next Review: 3 months 6 months 12 months other_____

3. Who is responsible to assure that the necessary permissions have been obtained to share the Health and Wellness Review with team members?

Name of Responsible Individual:_____

Agency:_____