



# Tehama County Department of Education: Special Schools & Services

## Parent Education Level

The California Education Code requires schools to gather information regarding the highest level of education achieved by the parent with the most schooling. Please check one of the following:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Not a High School Graduate | <input type="checkbox"/> Some College     | <input type="checkbox"/> Graduate School/Post Grad. Training |
| <input type="checkbox"/> High School Graduate       | <input type="checkbox"/> College Graduate | <input type="checkbox"/> Declined to state/Unknown           |

## Home Language Survey

The California Education Code requires schools to determine the language(s) spoken at home by each student. This information assists the school in providing adequate instructional programs and services.

1. Which language did your child learn when he or she first began to speak? \_\_\_\_\_

2. What language does your child most frequently use at home? \_\_\_\_\_

3. What language do you use most frequently to speak to your child? \_\_\_\_\_

4. Name the language spoken most often **by the adults at home**. \_\_\_\_\_

## TRANSPORTATION HEALTH INFORMATION

Please check either yes or no to specify if your child uses any of the following equipment.

<b>Wheelchair</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Bellyband</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Car Seat</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Harness</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Vest</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Walker</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other-please specify: _____					

## IMPORTANT MEDICAL INFORMATION

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Breathing Problems<br><input type="checkbox"/> Scoliosis/"Rod" surgery<br><input type="checkbox"/> Scoliosis/Brace<br><input type="checkbox"/> Diabetes<br><input type="checkbox"/> Blind/Visually Impaired<br><input type="checkbox"/> "Fragile Bones" | <input type="checkbox"/> Cerebral Palsy<br><input type="checkbox"/> Gastrostomy Tube<br><input type="checkbox"/> Asthma<br><input type="checkbox"/> Seizures<br><input type="checkbox"/> Heat Condition<br><input type="checkbox"/> Deaf/Hearing Impaired | <input type="checkbox"/> Tracheotomy<br><input type="checkbox"/> Shunt(s)<br><input type="checkbox"/> Challenging Behavior<br><input type="checkbox"/> Non-Verbal<br><input type="checkbox"/> Non-Verbal but understands what is said |
|--|---|---|

## TEHAMA COUNTY DEPARTMENT OF EDUCATION DOES NOT PROVIDE MEDICAL OR ACCIDENT INSURANCE FOR STUDENTS.

Healthy Families is a low cost, comprehensive health, dental, and vision insurance for children age one through eighteen and for children on Medi-Cal with a share of cost. Application assistance for Healthy Families is available at the following web site [www.healthyfamilies.ca.gov](http://www.healthyfamilies.ca.gov) or call the TCDE Special Schools and Services department for more information (530) 527-5811.

**AUTHORIZATION TO TREAT A MINOR:** I hereby authorize and give my consent for emergency medical or dental care due to serious injury or illness if my designee or I cannot be reached. The physician named will be contacted or the child will be taken to an emergency room licensed under the Medicine Practice Act, at my expense. (Section 25.8 of the Civil Code of California.)

Physician/Hospital: \_\_\_\_\_

Name

Phone

( ) \_\_\_\_\_

Parent/Guardian's Signature for Authorization of Emergency Care \_\_\_\_\_

Phone Number \_\_\_\_\_

Date \_\_\_\_\_

**I certify that all the information on this form is true and correct.**

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

Revised 9/10