

# APPENDIX

## Behavioral and Mental Health Assessment for Students with Epilepsy (fillable form)

Use this detailed assessment as a guide to be completed by the school nurse with the collaboration of the student and their family. Not all sections may be completed and the school nurse should use their clinical judgement as to what are the most appropriate sections/assessment needed.

### Family Information

**Parent/guardian:** \_\_\_\_\_ Age: \_\_\_\_\_

☐ Biologic    ☐ Adoptive    ☐ Step    ☐ Foster    ☐ Currently living in Home

Current Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent/guardian:** \_\_\_\_\_ Age: \_\_\_\_\_

☐ Biologic    ☐ Adoptive    ☐ Step    ☐ Foster    ☐ Currently living in Home

Current Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

**History of other family stressors (e.g., food, housing, work, divorce, death or incarceration)?**

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### Siblings or other children in the home:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School/Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School/Grade: \_\_\_\_\_

### Others living in the home:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship : \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship : \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship : \_\_\_\_\_

**Are there family members who have struggled with mental health conditions (e.g., depression, anxiety, bipolar disorder, ADHD, anorexia, post-partum depression, suicide, substance abuse)?**

Type: \_\_\_\_\_

## Student Information

The following information may be obtained from both caregiver, student or both as appropriate.

### Serious illness, injury, or medical diagnosis:

Current: \_\_\_\_\_  
\_\_\_\_\_

Previous: \_\_\_\_\_ Resolved (date): \_\_\_\_\_

Previous: \_\_\_\_\_ Resolved (date): \_\_\_\_\_

### Behavioral or mental health diagnosis:

Current: \_\_\_\_\_  
\_\_\_\_\_

Previous: \_\_\_\_\_ Resolved (date): \_\_\_\_\_

Previous: \_\_\_\_\_ Resolved (date): \_\_\_\_\_

### Previous/current medications:

Name	Reason for use	Side effects
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Does the student currently have counseling/therapy or have they in the past? If yes, indicate therapist and dates of participation.**

\_\_\_\_\_

### Does the student have a history of substance use?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Alcohol            | <input type="checkbox"/> Tobacco                      | <input type="checkbox"/> Marijuana         |
| <input type="checkbox"/> Illegal substances | <input type="checkbox"/> Over-the-counter medications | <input type="checkbox"/> Prescription meds |

### Has the student had problems with the law or behavioral issues at home or school?

Explanation: \_\_\_\_\_

**Student's social/school history:**

Student's interest, hobbies, sports: \_\_\_\_\_

School activities: \_\_\_\_\_

Who is student closest to/confide in:

Home: \_\_\_\_\_

School: \_\_\_\_\_

Does the student get picked on or teased? \_\_\_\_\_

If yes, reason and student's reaction: \_\_\_\_\_

**Student behavior noted in school:**

■ e.g., ADHD-inattentive, ADHD-Combined Inattentive/Hyperactive-Impulsive subtype, or oppositional behaviors:

\_\_\_\_\_

■ e.g., ADHD-inattentive, ADHD-Combined Inattentive/Hyperactive-Impulsive subtype, or oppositional behaviors:

\_\_\_\_\_

Has the student had chronic school absences? \_\_\_\_\_

How frequent: \_\_\_\_\_

Reasons for: \_\_\_\_\_

Barriers to attending school: \_\_\_\_\_

Student's grades/progress in school: \_\_\_\_\_

Student's favorite subjects/sports: \_\_\_\_\_

Does the student have an IEP or ever been tested for learning disabilities? \_\_\_\_\_

Has the student had injuries related to seizures? \_\_\_\_\_

## Epilepsy Specific Information

Describe any recent changes to the frequency, timing, or type of seizures:

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Recent changes to medications, AED and others:

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Epilepsy Medication history: (specifically regarding behavioral or mental health)

Medication

Student's reaction/response

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Epilepsy treatment challenges:

How often does the student miss medications and reason? \_\_\_\_\_

Does the student struggle with managing seizure triggers?

- Sleep: \_\_\_\_\_
- Diet/hydration: \_\_\_\_\_
- Stress (e.g., changes in living situation/home environment, social determinants of health related):  
\_\_\_\_\_

Student's adjustment to epilepsy diagnosis and knowledge/beliefs about epilepsy (e.g., history of stigma, socialization difficulties, isolation, family stress, decreased autonomy):

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Current social problems (e.g., peer bullying, shame, victimization, activity restrictions):

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