## Arkansas Rehabilitation Services

Do you have a child who needs help with college, vo-tech, trade school or concurrent credit class costs? Need help finding a job after graduation? Have a diagnosed medical condition or learning disability? If so you may qualify for services. Please complete and return to school counselor or directly to your local ARS office.

Student Health Survey				
Name:		Sex: DOB:	SS#:	
Mailing Address:		City:	Zip:	
County:	Phone:	High School:		
Family Doctor:	18 1	Phone:		
The purpose of this form is to he vocational training or job placen	elp us locate any student with a physica nent. This includes college or university	, mental, and/or other diagnosis th , business, trade school, or other t	at may qualify for assistance with a program or ypes of training and other transition services.	
Are you excused from Physi	cal Education because of an impair	ment? Yes or No If yes, why?	en e	
The second secon	MINTELL SERVICES			
Are you in Special Education	n? <u>Yes or No</u>			
Do you have problems with	any of the following?			
Learning <u>Yes or No</u>	Mental Health Yes or No	Physical/Functional Yes	or No Emotional <u>Yes or No</u>	
PLEASE CHECK ANY OF THE	FOLLOWING CONDITIONS WITH WH	ICH YOU ARE DIAGNOSED:		
Deafness				
Severe Hearing Loss				
Speech Problems, severe				
Learning problem				
Epilepsy				
Tuberculosis				
Sickle Cell Anemia				
Diabetes				
Overweight, severe				
High Blood Pressure				
Rheumatic Fever ADD/ADHD				
ADD/ADRO				
Depression	Asthma, seve	re	Osteomyelitis	
Anxiety	Cancer		Heart Disease	

EASE LIST	AND EXPLAIN ANY OTHER CONDITIONS OR PROBLEMS NOT LISTE
Acceptance	
_Other:	
Birth Defect	
Autism	
_Orthopedic	
Amputation	
_Scoliosis	
Arthritis	
_Lung Disease	



## Return this form to:

Arkansas Rehabilitation Services 708 West Faulkner El Dorado, AR 71730 Phone: (870)862-5451

Fax: (870)863-8877