# A picture containing icon  AI-generated content may be incorrect. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Individualized Healthcare Plan (IHCP)**

Student: ID#: DOB:

Grade: Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Year: \_\_\_\_\_\_\_\_\_\_\_

Student's Secondary Health Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nursing Diagnoses**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Goals**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ratings: 1‐ No Knowledge, 2‐ Limited, 3‐ Moderate, 4‐ Substantial, 5‐ Extensive Knowledge (Circle One)**

 **Date: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

**Student Knowledge: Disease Process**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Able to describe the disease process | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |
| Able to describe common signs and symptoms of the disease | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |
| Describes potential complications of the disease | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |
|  | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |

**Student Knowledge: Treatment Management**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Knowledge of treatment regimen  | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |
| Verbalizes understanding regarding when to use prescribed medication | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |
| Knows when to seek medical attention/emergency treatment | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |
| Routinely monitors medication expiration date | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |
|  | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |

**Student Knowledge: Medication Administration**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Identification and correct name of medication | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |
| Correct use of prescribed medication (Correct dose, time, and route) | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |
| Able to verbalize medication side effects | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |
| Performance and evaluation of procedures | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |
|  | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |

**Ratings: 1‐ Severely Compromised, 2‐ Substantially, 3‐ Moderately, 4‐ Mildly, 5‐ Not Compromised, N/A‐ Not Applicable (Circle One)**

**RN Assessment of Student Health Status**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Physical Health | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |
| Mental Health | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |
| School Attendance | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |
| Readiness to Learn | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |
| Participation in Physical Activities | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |
| Healthy Dietary Habits | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A | 1 2 3 4 5 N/A |

|  |  |  |  |
| --- | --- | --- | --- |
| **Completed by:** | **Completed by:** | **Completed by:** | **Completed by:** |
|  |  |  |  |
| **Nurse's Signature:** | **Nurse's Signature:** | **Nurse's Signature:** | **Nurse's Signature:** |
|  |  |  |  |

**Additional Notes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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