



_____ 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			
Able to describe common signs and symptoms of the disease	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			

Student Knowledge: Treatment Management

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

Student Knowledge: Medication Administration

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

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