

Click the "add button" on the bottom of the 2nd page to get the desired pages prior to entering information into page 2.

**Student Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**District/School:**

**Attendance Center:**

**Registered Nurse Signature/Credentials (Creator of IHP) and Date of IHP Creation**

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<b>IEP or 504 Review Date:</b>	<b>Check box if not applicable</b>
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**This school nurse is aware the student has the following (*check only the program or plans that apply*):**

Individualized Education Program (IEP)	504 Plan
Emergency Action Plan (EAP-attached to IHP)	Emergency Evacuation Plan (EEP- attached to IHP)

**Health Conditions Or Other Impairments Impacting The Student's Educational Programming:**

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**Equipment, Roles, Responsibilities, Storage, Maintenance of Supplies: (Select one)**

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**Check the box indicating that storage of equipment is secure. (required)**

**Summary of Health Concerns/ Other Essential Information:**

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**Nursing Assessment and Planning:** The nurse used assessment and planning in the creation of this IHP that included (check all that apply)

- learner observation, parent/learner communication
- Information from community, agencies or other sources
- Review of school records (to include medical records, if applicable)

**Nursing Diagnosis (select the type)**

**Nursing or Delegated Health Service Intervention (see additional forms per policy/procedure):**

**Outcomes/Goals (Specific, Measurable, Attainable, Realistic, Time Based):**

**Importance Rating Scale:** Select the importance of the goal as communicated by the student or family. This may be a post secondary expectation (if applicable)

**Difficulty Rating Scale:** Select the identified goal difficulty by the student, school nurse or qualified personnel (select one)

**Nursing-Led Outcomes or Student-Led Goal Scale Below      Goal Domain:**

+2

+1

0

-1

-2

**Evaluation Time Frame:**

**Baseline Evaluation is -1 or less Than expected**

**Evaluation Scale By the Registered School Nurse:**

Date	Evaluation	Initial	Date	Evaluation	Initial

Next Health Service Intervention