



Department of Education

Iowa Schools: Individual Health Plan Template Reference Document

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Introduction

The student's continuity of health care from home to school is important to access their education program. The school nurse functions as an integral educational team member to deliver nursing practice and health services to students. The individual health plan (IHP) is tailored to define the ongoing health and nursing services provided when a student is accessing their education program. The IHP is written by a school nurse employed by the school using the components of the nursing process in partnership with the parents, student, healthcare provider, or education team. The IHP follows the student through the course of their educational program, including before and after school-sponsored activities. School nurses develop, review, evaluate, and adjust the IHP through communication with parents, the student, their fellow colleagues or others for a student whose health (stable or unstable) requires the following health service delivery:

- administration of health procedures
- individualized health education
- healthcare intervention or interpretation, to include emergency planning
- use of a health device to compensate for the reduction or loss of a body function

The purpose of this resource is to provide information to the education team on what is required when using the IHP template as required in regulations, the nursing process, describe the importance of communication with the student or family when developing goals, assigning a domain to the goal or outcome, how to scale a goal or outcome for evaluation and provide best practices in workflow of documentation as outlined in required school policies and procedures.

What Is an Individual Health Plan (IHP)?

The IHP is an individualized plan developed by the school nurse using the nursing process with effective communication to manage a student's special health service needs. The IHP follows the student through the course of their educational program. The IHP is defined as:

“the confidential, written, preplanned, and ongoing special health service in the educational program provided to the student. The IHP is developed using the nursing process to include a nursing assessment, nursing diagnosis, nursing led outcomes, planning, interventions, evaluation, student led goals, if applicable, and a plan for emergencies to provide direction in managing an individual's health needs. The plan is updated as needed and at least annually”.

(IAC 281.14.2)

The school nurse, who develops the IHP, works under the auspices of the school and may provide indirect care by delegating nursing tasks and functions to licensed or qualified personnel for students who require health services. This written plan may address delegated health services or how to address emergency needs. The plan must contain the roles and responsibilities of the school, parents, and others in the provision, supply, storage, and maintenance of necessary equipment for health service delivery. The school nurse is responsible to plan, write, implement and evaluate the IHP. The school nurse is responsible to monitor, supervise, and evaluate delegated tasks.

(IAC 281.14.2; IAC 655.6)

General instructions for the IHP template

1. To download and open the fillable template, the school nurse must use the free version of Adobe Acrobat or their student information system if the document is added to their existing system.
2. Read this reference document in its entirety prior to entering information into the template.
3. Remember to always save your work before closing the document.
4. The remaining pages in this reference will include the processes for the development of an IHP.

First Steps When Using the Template: Determining the Pages Needed

The school nurse must first calculate the number of pages needed for interventions to scale out outcomes or goals. Do not enter in any information into the template until you have clicked the button on the bottom of page two for the number of pages needed.

Second Step: Completing the IHP template

The second step contains the required information, description, and examples of what the nurse will enter into the template.

Student Identifiers

The IHP template contains one student identifier and four indirect identifiers that will need to be entered by the school nurse:

1. The student's name (first, last)
2. The student's date of birth
3. The student's grade level
4. The student's school district or accredited nonpublic school
5. The student's attendance center (building name)

(United States Department of Education, 2023)

The signature, credentials of the creator, and date of the IHP creation:

The school nurse develops the IHP and signs their name and professional credentials to coincide with the date when the IHP is created.

Date of the Individualized Education Program (IEP) or 504 Plan Review (if applicable):

If the student has a health-related, regular, and ongoing health service in their IEP, the IHP is required and will be uploaded to the state system (ACHIEVE) as a supplement to the IEP. The uploaded plan is updated as needed and evaluated at least annually. The school nurse may enter the IEP review date on the IHP (if applicable).

(Iowa IDEA Information, 2023)

If a student is eligible under Section 504 of the Rehabilitation Act of 1973 (United States Department of Education, 2023), the student's health services and IHP must be developed under Section 504's regulations for evaluation, placement, and procedural safeguards. An IHP for a 504-eligible student may not be developed outside Section 504's requirements. Section 504 teams may determine to attach an existing IHP to a 504 document. The accommodation plan/student progress in a Section 504 plan should be reviewed at least annually and more often upon a review request from the parent, educator, or others. The school nurse may enter the 504-review date on the IHP.

(United States Department of Education, 2023; Department of Education, 2015)

If a student is not eligible for health services within the federal programs of Individuals with Disabilities Education Act (IDEA) or Section 504, there will be no review date to complete on the template in this section. It is best practice for the school nurse to communicate with the school's 504 coordinator and special education director annually on the IHPs developed in a building, whenever a substantial change to an IHP occurs, or when a new IHP is created. If the student has an IHP that does not fall under Section 504 or IDEA, the IHP may be kept as an educational record maintained securely by the school nurse in district records or student information systems. School nurses may flag this information in their school's student information system or work with their technology team for access to streamline this communication with the special education director, 504 coordinator or others with a legitimate educational interest.

(Iowa IDEA Information, 2023)

Identification of Additional Plans:

The school nurse may identify on the template if the student has an active IEP or Section 504 plan on the IHP. The school nurse in collaboration with others may determine that the student's ongoing health service requires an emergency action or evacuation plan to be created or attach an already developed evacuation plan to an IHP. There is a check box section to identify additional plans. School nurses may flag this information in their school's student information system or work with their technology team for access to streamline this communication with the special education director, 504 coordinator or others with a legitimate educational interest.

The emergency action plan or emergency evacuation plan is a component of the IHP to address emergency health needs while the student is accessing their education program (IAC 281.14.2). The emergency action plan or emergency evacuation plan is developed to assist unlicensed personnel in addressing emergency care or evacuation for a student with a health condition (stable or unstable) that requires ongoing special health services. The plans follow a series of steps for unlicensed personnel to carry out. If the emergency action is invasive, unlicensed personnel must provide consent.

The emergency action plan may be created by the school nurse or the student's health care provider in collaboration with the school nurse who delegates the emergency health service or task to unlicensed or licensed personnel to address the student's emergent ongoing health service needs. In addition, the emergency evacuation plan may be written by the school nurse or others on the education team familiar with the student to address a student's health needs to evacuate during and emergency or crisis safely. All unlicensed personnel receive training and demonstrate competency to implement an emergency action or evacuation plan. This training and competency are documented as required in policies for special health services.

Non-Exhaustive Examples:

Emergency action plan box checked: A student diagnosed with a severe allergy to peanut exposure requires an emergency action plan for anaphylaxis at school.

Emergency evacuation plan box checked: A student diagnosed with autism with auditory sensory issues requires an emergency evacuation plan when building alarms are activated.

Health Conditions or Other Impairments Impacting Educational Programming:

The school nurse partners with the student's family regarding the student's health needs. The school nurse also communicates with the student's healthcare provider if the family has provided consent.

The discussion with the student's family or student includes asking, "what matters most to them regarding the student's health service delivery and goals at school". The discussion with family, students or the health care provider is related to the student's health condition or other impairments (stable or unstable) requiring health service delivery at school to access their education program that includes, but is not limited to, the following:

- Interpretation or intervention,
- Administration of health procedures and health care,
- Use of a health device to compensate for the reduction or loss of a body function
- Emergency services

(IAC 281.14.2)

The student's parents are not required to provide the district or school with health information or medical records regarding their student's ongoing health needs. The school team may request the parent sign a release of information to communicate with the student's healthcare provider about information that the parent has specified on the release for making decisions related to education programs. The school team may utilize procedural safeguards to ensure a comprehensive evaluation.

The education program includes all curricular programs and activities on and off school grounds (IAC 281.14.2).

Non-Exhaustive Example:

Anaphylaxis (Allergen: Peanuts)

Equipment, Roles, Supplies, and Maintenance of Equipment

The school nurse selects a box on the template for equipment, roles, supplies, and maintenance for the school, the parent, or others.

If "other" is selected, the school nurse is required to complete the text box with a brief explanation. The school nurse checks the required box that the supplies and equipment are secure.

This is required in Iowa Administrative Code 281.14.2:

The individual health plan shall designate the roles and responsibilities of the school, parents, and others in the provision, supply, storage, and maintenance of necessary equipment. Parents shall provide the usual equipment, supplies, and necessary maintenance of the equipment unless the school is required to provide the equipment, supplies, and maintenance under the Individuals with Disabilities Education Act and 281—Chapter 41 or Section 504 of the Rehabilitation Act of 1973. Schools must store equipment in a secure area.

"Other Box" Non-Exhaustive Examples:

Other: The school will supply the lift device, changing table and privacy screen. The parents will supply the wipes and briefs for the student's hygiene care.

Other: The school will supply the communication board and lift device. The parents will supply the student's wheelchair, orthotics, gastric tube supplies and enteral nutrition.

Summary of Health Concerns and Other Essential Information

The summary of health concerns and other information is a text box on the template for the school nurse to enter information related to the student's health conditions, other impairments, and include the identified health needs that the student will need during the school day for the current school year.

The school nurse shares information in the "Summary of Health Concerns and Other Essential Information" with teams in the context of the IDEA, Section 504, or others with a legitimate educational interest.

The content in this box may include specific nursing tasks provided by the nurse or delegated to unlicensed or licensed personnel, use of a health device, other relevant information needed for the education team. It may also include functions performed by a registered or licensed nurse for the student to access their program in management of their health condition or other impairment (stable or unstable) supported by existing documentation already required in the school's policies or procedures.

Non-exhaustive examples of supporting documentation and forms referred to in the "Summary of Health Concerns and Other Essential Information" box:

Instructions from a community provider that is given to the school nurse from the student's parents used to treat or coordinate care of a student's specific health condition or issue while at school, consent from parents for the administration of medication and health service delivery, medication administration records, consent from unlicensed personnel to perform invasive delegated nonemergency health tasks, training and competency documentation of school personnel with delegated tasks, and required documentation for nursing and health service delivery encounters and services.

Non-exhaustive examples of dialogue in a "Summary of Health Concern and Other Essential Information" box:

"The student has an IEP and health is not identified in the PLAAFP (present level of academic achievement and functional performance). The student requires emergency medication management as outlined in the EAP, provider information, and MAR (medication administration record) during the school year to address the ongoing health service needs for the student's diagnosis of anaphylaxis. The school nurse and parents identified that the parents would like the school nurse to assist the student in identifying the allergen, a source that could result in exposure, and a way to prevent exposure."

"The student has an IEP and health is identified in the PLAAFP. The student requires medication management as outlined on information provided by the provider and additional forms per policy and procedure during the school year to address the ongoing health service needs for the student's nursing and health service needs for autism and asthma. The student requires a 1:1 associate throughout the day for safety, transitioning, toileting, hygiene and implementation of the EAP/EEP. The school nurse and parents identified that the parents would like the school nurse to assist the student in identifying a trigger for their asthma and one way to communicate when the student is having respiratory difficulty."

Nursing Assessment and Planning

The school nurse checks the appropriate boxes to indicate what data was used in the assessment step of the nursing process (IAC 655.6; IAC 281.14.2).

The nursing assessment and planning area of the IHP is where the school nurse utilizes information provided in communication with the student, family, or healthcare provider and selects what data is used to develop the IHP. Data may include student observation, nursing assessment, communication with the student's family, data gleaned from registration or consents received for the delivery of school health services, copies of medical records provided to the school by parents that are then protected as educational records (if applicable), and more.

The school nurse may utilize the “[Special Health Care Needs Assessment](#)” template to organize assessment data within their licensed practice and as an integral team member for considerations related to the level of care determination made by education program teams using professional nursing scope and standards of practice (Iowa Board of Nursing IAC 655.6; Iowa Department of Education, 2023).

The assessment and planning component of the IHP also provides an opportunity to develop a trusting partnership in the initial conversation with the family or student to:

- acknowledge the student and/or family as the expert in the student’s health,
- provide an opportunity for the school nurse to understand the unique history or circumstances requiring the student’s need for ongoing nursing or health services at school, the family’s culture, customs and beliefs in accessing healthcare
- ask the student or family “what matters most” in achieving a health goal that can then be used as a student-centered metric for evaluating their received school health service delivery.

Three Best Practice Tips for Nursing Assessment and Planning in IHP Development:

1. Ask the student or students family, “what matters most in the student’s health service delivery and goal development” while at school. The communication the school nurse has with a student and their family is empowering. The communication may lead the student to actively participate in their health and healthcare delivery (World Health Organization, 2023).

Important to Remember: The school nurse can use interactions with and families to discuss student-centered care in a culturally congruent manner. Health beliefs, religious beliefs, health customs, ethnic customs, dietary customs and interpersonal customs are a few examples that can influence how students or their families interact with the school nurse (United States Health and Human Services, 2023). Also, the student or parents may need more time to answer on what matters most or might not be interested in setting a goal at the time that the school nurse asks the question. This response is okay. They may need additional time to think about this question.

2. Set up a process within the school’s information system or health service delivery documentation to alert the school nurse of students or parents whom the school nurse has not communicated or connected with in developing the student’s IHP (if applicable).
3. Set up a procedure within the school’s information system or health service delivery documentation to alert the school team or school leaders about a student’s IHP, including developed emergency action plans (EAPs) or emergency evacuation plans (EEPs).

Non-Exhaustive Example:

Download or flag these three in the school’s student information system or school health documentation at the local school level to those individuals with a legitimate educational interest.

Nursing Diagnosis:

The school nurse clicks the drop-down box on the IHP template to select the nursing diagnosis type and uses the text box to write the nursing diagnosis chosen for the IHP.

The nursing diagnosis in an IHP is a clinical judgment concerning a student’s response to a health condition or life process (IAC 655.6). It is a distinct step in the nursing process and a requirement for developing an IHP (IAC 281.14.2; IAC 655.6). The nursing diagnosis is not to be confused with a medical diagnosis. A medical diagnosis focuses on disease and pathology from the student’s prescribing healthcare provider. In contrast, a nursing diagnosis is the label provided when the licensed school nurse who the school employs assigns meaning to collected data in the nursing assessment that focuses on the human response of all health services provided to the student at school.

There are four types of nursing diagnoses:

1. **Problem-Focused Nursing Diagnosis:** A problem-focused nursing diagnosis has three parts: This type of nursing diagnosis contains the nursing diagnosis, related factors, and defining characteristics.
2. **Risk Nursing Diagnosis:** A risk nursing diagnosis has two parts. The nursing diagnosis includes a risk diagnostic label and risk factors. This diagnosis uses a clinical nursing judgment that a problem does not exist. However, the presence of risk factors indicates that a problem will likely develop unless the licensed nurse intervenes. The school nurse utilizes assessment information from the student's current health status, past health history, and other risk factors that may increase the likelihood that a student will experience a health problem at school.
3. **Health Promotion Nursing Diagnosis:** A health promotion diagnosis has two parts. The nursing diagnosis includes a readiness statement that identifies a student's readiness to engage in activities to promote health and wellbeing. A health promotion diagnosis is a clinical nursing judgment about the motivation and desire of the student to increase wellbeing that guides nursing intervention to support the student's learning.
4. **Syndrome Diagnosis:** A syndrome diagnosis is one statement in the diagnosis label. The syndrome nursing diagnosis is a clinical judgment concerning a cluster of problems or risk nursing diagnosis predicted to be present because of a particular situation or event.

Nurses who want standardized nursing diagnosis examples can access the [North American Nursing Diagnosis Association International](#) (NANDA-I) resources, which refine taxonomy structure through domains, classes, and diagnoses.

(North American Nursing Diagnosis Association International [NANDA-I], 2023)

Nursing or Delegated Health Service Intervention

A parenthesis is located in the IHP template that provides language to “see additional forms per policy or procedure” to prevent duplicative documentation of school health service delivery. Please see non-exhaustive examples of additional forms and supporting documentation in the “Summary of Health Concerns and Other Essential Information” example on page 7.

The school nurse develops nursing interventions or actions to meet the student's nursing and health service delivery needs during their school education program, including before and after school-sanctioned activities. The designed interventions are supported by:

- collaboration and partnership with other healthcare providers, parents, the student, or education team
- utilization of professional nursing judgement within the nursing process, as a basis from the formation of the nursing diagnosis,
- the school nursing scope and standards of practice,
- trends related to emerging moderate to high levels of evidence-based practice, and
- supported with the documentation that evaluates the student's response, lack of response or need for alternative interventions located within school requirements in school procedures and policies.

Types of Interventions

Dependent Interventions: Interventions written in an IHP may be dependent by referencing healthcare providers' information provided by the parents for case management and collaboration of care to address specific student's health condition(s).

Independent Interventions: Interventions written in the IHP may be independent as determined and provided by the school nurse autonomously in response to communication with the family or student or as defined within the nursing process.

Collaborative Interventions: Interventions written in an IHP may be collaborative as delegated by the school nurse to other licensed or unlicensed personnel.

Combination of Dependent, Independent, and Collaborative Interventions: Lastly, the interventions provided by the school nurse and school health services may combine independent, dependent, and collaborative interventions.

Non-Exhaustive Examples of interventions:

Dependent Intervention: *The student requires prescribed medication administration as outlined by the healthcare provider during the (specified) school year.*

Independent Intervention: *The student will acquire a skill necessary to manage their diabetes independently with education provided by the school nurse by the end of the (specified) semester.*

Collaborative Intervention: *The student has an emergency action plan for delegated diabetes management that will be carried out by qualified personnel in the event of an emergency during the (specified) school year.*

A combination of independent, dependent, or collaborative: *The student requires diabetic management during the (specified) school year.*

Nursing-Led Outcomes or Student-Led Goals

Nursing-led outcomes or student-led goals are created during the communication step with parents and the student along with the planning step for implementing nursing practice or health service intervention, either through direct care, education provided by the nurse, or in-direct care through delegation of health services to qualified or licensed school personnel by the school nurse.

The school nurse's primary commitment is to the student and their families in nursing practice and health service delivery. The school nurse delivers care to promote and preserve student autonomy, dignity, and rights. To foster an environment conducive to individualized health services and culturally congruent care, the school nurse develops a supportive and trusting partnership with the student and their family (National Association of School Nurses, 2023; National Association of State School Nurse Consultants, 2023). The foundation of this partnership begins with effective communication and assists in determining student-led health goals (if applicable). Also, the school nurse acknowledges social determinants of health that can affect a wide range of student's health, functioning, and quality-of-life outcomes and risks (Office of Disease Prevention and Health Promotion, n.d.). Student-led goals developed in collaboration with the student or family promote engagement and empowerment with students acquiring the skills necessary for independence in managing their health or maintaining a safe learning environment.

The school nurse also fosters a supportive partnership with the school team or the student's healthcare provider. The school nurse provides indirect care through delegating nursing tasks and functions to qualified personnel, who are equipped with the knowledge and competency to deliver health services to maintain a student's current level of health in a safe environment or as the student acquires skills to independently manage their health needs as outlined in the goals. The school nurse supervises, monitors, and evaluates delegated nursing and health service delivery (IAC 281.14.2; IAC 655.6).

Nursing-led outcomes or student-led goals encourage communication, collaboration, and, most importantly, student or family involvement. Nursing-led outcome measurement provides objective evaluation data related to the healthcare delivery process and meets the evaluation requirement in a specific, measurable, attainable, realistic and time sensitive way (IAC 241.14.2; IAC 655.6). Student-led goal setting is done through communication with students or families to define and agree on expected levels of achievement written in a specific, measurable, attainable, realistic and time sensitive way to address health service delivery and possibly post-secondary health expectations (if applicable). The

school nurse utilizes the communicative partnership to discover what matters most with families and students in terms of goals and outcomes when:

- developing the IHP,
- adding or changing interventions and
- evaluating or changing student-led goals or nursing-led outcomes.

Importance Rating Scale:

The school nurse selects an answer in the template under the importance rating scale of the goal or outcome with active communication from the student or family.

An essential component of writing a nursing-led outcome or a student-led goal is establishing meaningful criteria for a successful outcome that is student-centered, which should be agreed upon with the student or family before an intervention associated with the goal starts so that everyone has a realistic expectation of what will likely be achieved and the student and family agrees that the goal is worth striving for.

The best practice would be for the school nurse to communicate with the parent and student (if applicable) on the importance rating scale as it relates to their goal attainment scale when the IHP is developed, when there is a change to an IHP intervention, and whenever the school nurse completes the evaluation.

The school nurse communicates effectively in all practice areas with the student, parents, provider, or school personnel (NASN, 2023). The communication between the school nurse and the student or student's parent may happen in many formats but is not limited to in-person, telephonic, written, or electronic format. Parents or students are encouraged to participate in the IHP development.

Goal-setting discussions and determining the importance rating are most successful when the student or family has a trusting partnership with the nurse. School nurses who are communicating with the student or parents can actively listen for cues that indicate a readiness to set goals, such as excitement about a topic related to skill or health knowledge acquisition, comments related to cultural beliefs and practices, reflections on the past experience with healthcare, and the beginning of identifying possible post-secondary healthcare expectations.

Students and families tend to speak about what is essential in their lives, including their goals in a results-oriented process that is focused on assisting the student's movement from school to post-school living, learning, and working environments (Iowa Department of Education, 2023; National Committee for Quality Assurance, 2023).

The following are five questions for the school nurse and student or family to consider when determining importance:

- Can the student manage their health needs on their own?
- Can the student make health decisions safely?
- Does the student have the basic understanding of medical terms and procedural skills acquisition to manage their own healthcare needs at school or home?
- What additional skills does the student or family envision the student needing for safety at school, in the community, on their post-secondary path, or in adulthood?
- Are there cultural belief and practice considerations?

Difficulty Rating Scale:

The school nurse selects a measure on the difficult rating scale in the IHP template.

An essential component of developing an attainable goal is considering the anticipated difficulty of achieving the goal. The difficulty rating scale is completed with the family, student, school nurse, or

qualified personnel (if applicable). The school nurse, with qualified personnel (if applicable), will complete the scale if this is attainment for a nursing-led goal. The student or family should complete scoring this scale in communication with the school nurse if this is attainment for a student-led goal.

Remember that, in effect, if a student-led goal is “not at all important” or “not at all difficult,” it is presumably already achieved. The importance of rating difficulty is in communication with the student or the family to involve them in prioritizing, developing, and possibly identifying specific, measurable, attainable, realistic, and time-sensitive goals or post-secondary health expectations (if applicable).

Likewise, the school nurse needs to have continual communication with qualified personnel about difficulty with delegated tasks and nursing functions as part of the delegation process in evaluating nursing-led outcomes (Iowa Board of Nursing. 2021). The school nurse communicates in their supervision, monitoring, and evaluation of delegation when they transfer accountability to qualified school personnel to safely perform a specific task or activity related to outcomes.

Nursing-Led Outcomes:

The school nurse identifies expected outcomes for the plan that are individualized to the interventions provided to the student by the school nurse or delegated to qualified personnel (including services provided in an emergency) as described in the associated documentation related to school district policies or procedures. The outcome measures are the desired result of the intervention(s) provided to the student. The nursing-led outcome that the school nurse develops is communicated with the student, family, or education team (if applicable). The nursing-led outcomes are ambitiously attainable and are individualized to the student. Nursing-led outcomes should be specific, measurable, attainable, realistic, and time-based. The nursing-led outcomes associated with delegated tasks provided by qualified personnel are supported by existing documentation that aligns with school policy and procedures.

Non-Exhaustive Example of a Nursing-Led Outcome:

The student will experience no injury related to medication management or implementation of the EAP for anaphylaxis management provided by qualified personnel during the (selected evaluation time frame).

Student-Led Goals:

Student-led goals are developed to be intrinsically motivating and inherently rewarding to the student and address student choice in developing independent skills to improve health outcomes (Orsini, Evans, and Jerez, 2015). School nurses discover what matters to the student and their families about managing the student’s health through partnership, assessment, and communication. Student-led goals strive to improve learning and performance in completing health needs. Health behavior change research suggests that a challenging goal that is intrinsically motivating to an individual or an individual’s family is beneficial (National Committee of Quality Assurance, 2023).

A school nurse, the student, or the student’s family must also consider self-efficacy and the student’s confidence in one’s ability to achieve a specific goal. Setting and achieving challenging goals can enhance self-efficacy. Repeated failure to achieve a goal can result in diminished self-efficacy, decreased satisfaction, and impaired future performance. Consideration of repeated failure to successfully perform a task can lead to complete nonperformance of a task.

Goals should also not be created to meet impossible attainment, leading to decreased self-efficacy and subsequent performance. Goals should also not be designed at the comfort level of the school nurse for ease of evaluation and achievement. The goals developed should also be ambitiously attainable for the student.

Lastly, school nurses need to communicate nursing practice using inclusion principles that promote the practice of cultural competency. Health literacy is a non-exhaustive communication aspect of culturally congruent healthcare (School Nursing Scope and Standards, 2023).

When formulating a student-led goal for an IHP, the goal should be:

- meaningful to the student and the student's family
- addresses cultural beliefs and practices
- ambitiously attainable
- written to prepare the student for the school-to-adult life transition, if applicable
- general statements that focus on deficits in health-related knowledge or skills competency
- in health literate language that is easily understood by the educational team, student, or student's family
- written to increase the student's successful participation in the general education setting and allow for inclusion in the general education environment to the maximum extent appropriate with peers

Non-Exhaustive Student-led Goal Example:

The student will identify 1 trigger and 1 preventative skill (handwashing) associated with anaphylaxis during the (specified) school year.

Selecting a Goal Domain:

The school nurse selects a goal domain on the IHP template.

Goals that are developed in an IHP can fall into domains of student-centered outcome measures that the school nurse or leadership team can use in measuring performance in monitoring the quality of school health service delivery, coordination of care, services, and supports in school health services. The health plan is individualized to the student and developed by the school nurse in partnership with the family and others. A student's individualized health plan goal may reflect social determinants of the student's health that involve holistic quality of life domains that are impacted outside of the traditional school setting (United States Department of Health and Human Services, 2023; NCQA, 2024). Likewise, a goal may include achieving health and wellbeing in partnership between the student, family, school nurse, and other licensed providers and clinicians within the school setting or school community. The school nurse selects the domain that aligns with the goal or outcome written in the IHP. Below is the list and definitions of the student-centered outcome domains provided by the National Committee for Quality Assurance that are located in the IHP template (2024). Based on an extensive review of goals, these are the most common domains that can be used to highlight what matters most to the individual (student):

Medication Management: Goals focused on the ability to manage medications.

Improving Health and Wellness: Goals related to developing, improving and maintaining positive health and wellness habits.

Managing Conditions and Symptoms: Goals related to health care received or desired and to experiences with providers and the health care system.

Access to Services and Supports: Goals focused on the ability to access, afford, and utilize appropriate health and community resources including access to transportation, stable food resources, assistance with financial concerns.

Physical Function: Goals related to managing physical functioning, physical symptoms or conditions and improving or maintaining the ability to participate in physical activities.

Social and Role Function: Goals focused on engaging in meaningful activity like work, hobbies, or social interaction with family and friends.

Emotional and Mental Health: Goals related to managing mental health symptoms or participating in activities that impact emotional aspects of quality of life.

Legal: Goals related to legal issues or legal involvement.

End of Life: Goals related to end-of-life care and desires.

Housing: Goals related to individuals' place of residence.

Caregiver Needs and Concerns: Goals expressed by and for caregivers that focus on caregiving responsibilities and skills, finding respite care, and receiving social support.

Independence: Goals that center on living one's life independently without help or assistance from others.

(NCQA, 2024)

Last Step: Goal Attainment Scaling to Define Measurable Evaluation

Each goal is evaluated on a five-point scale, with a degree for capturing attainment measures in evaluation. The school nurse completes the goal attainment scale in collaboration and communication with the student, family, or education team (if applicable).

Below will define how to scale out a goal from the dependent, independent, collaborative or combination of the three types of intervention with non-exhaustive examples:

Zero (0) Achieves or Maintains:

The evaluation score of zero is applied if the result of providing an intervention is to achieve maintenance or maintain the expected level of the outcome as defined in the nursing-led or student-led goal.

Non-Exhaustive Examples:

Nursing-led outcome: The student did not require the use of the EAP for anaphylaxis management by the school nurse or qualified personnel during the (specified) school year.

Student-led goal: The student verbally identified one allergen exposure that would result in anaphylaxis (requiring the initiation of the EAP) during the (specified) school year.

Somewhat Better (+1):

The evaluation score of +1 is applied if the results of the nursing intervention or student achievement in skills acquisition have a better-than-expected outcome as defined in the nursing-led outcome or student-led goal.

Non-Exhaustive Examples:

Nursing-led outcome: The school nurse addressed a potential environmental trigger for the student in the school environment that may have resulted in anaphylaxis and the student did not require the use of the EAP during the (specified) school year by the school nurse or qualified personnel.

Student-led goal: The student verbally identified one allergen exposure that would result in anaphylaxis (require the initiation of the EAP) and verbalized one skill (handwashing) to address the prevention of anaphylaxis during the (specified) school year.

Much better (+2):

The evaluation score of +2 is applied if the results of the nursing intervention or student achievement in skills acquisition have a much better outcome as defined in the nursing-led outcome or student-led goal.

Non-Exhaustive Examples:

Nursing-led outcome: The school nurse developed a procedure for personnel or students to report potential allergens in the school environment that may result in the student experiencing anaphylaxis and the student did not require the use of the EAP during the (specified) school year by the school nurse or qualified personnel.

Student-led goal: The student verbally identified one allergen exposure that would require the initiation of the EAP, one source of the allergen, verbalized and demonstrated one skill (handwashing) to address prevention of anaphylaxis during the (specified) school year.

Somewhat Worse or Current State (-1):

The evaluation score of -1 is applied if the results of the nursing intervention or student achievement in skills acquisition has a somewhat worse outcome as defined in the nursing-led outcome or student-led goal. This is also the current state or baseline prior to any intervention provided.

Non-Exhaustive Examples:

Nursing-led outcome: The student experienced anaphylaxis at school and required the school nurse or qualified personnel to use of the EAP during the (specified) school year.

Student-led goal: The student is unable to identify one allergen that would result in anaphylaxis and the initiation of the EAP to address their anaphylaxis management during the (specified) school year.

Much Worse (-2):

The evaluation score of -2 is applied if the results of the nursing intervention or student achievement in skills acquisition have a much worse outcome as defined in the nursing-led outcome or student-led goal.

Non-Exhaustive Examples:

Nursing-led outcome: The student experienced anaphylaxis from an exposure at school requiring the use of the EAP twice by the school nurse or qualified personnel, resulting in the student being transferred to the hospital each time during the (specified) school year.

Student-led goal: The student is unable to identify one allergen and was exposed at school, resulting in the initiation of the EAP and transfer to the hospital to address their anaphylaxis during the (specified) school year.

Baseline Evaluation

A baseline evaluation score of a negative one has been set before any intervention is delivered for either a student-led goal or a nursing-led outcome, as outlined in the IHP. The baseline is a -1 because the intervention has not been provided to either meet evaluation purposes for maintenance of safety or goal achievement.

Evaluation Timeline

The school nurse selects the timeframe chosen on the template to complete the evaluation.

The school nurse must evaluate annually, at a minimum (IAC 281.14.2).

The school nurse collaborates with the student, family, or education team to determine the schedule of evaluation by month, quarter, semester, or annually and selects this on the template. Each evaluation is another opportunity for the school nurse to communicate with the family or student regarding student-led goal progression, social determinants or barriers, changes, or goal setting (if applicable).

Revision to components of the IHP

The following are questions when considering a revision to the IHP:

- Did anything unanticipated occur (e.g., illness, hospitalization, trauma)?
- Has the student's health condition changed?
- Are the goals or outcomes realistic and ambitiously attainable?
- Are the student-led interventions appropriately focused on supporting knowledge and skill attainment?
- What barriers is the student or nurse experiencing?
- Does ongoing assessment data indicate a need to revise the nursing diagnoses, planned interventions, or implementation strategies?
- Are different interventions required?

Conclusion

The IHP template uses a goal attainment scale format that focuses on creating and supporting student and family priorities in healthcare delivery at school by developing an individualized plan of care utilizing the nursing process. The domain selection associated with the nursing-led outcomes or student-led goal within the IHP supports a communication process in quality measurement for student-centered outcomes related to school nursing and health service delivery at school. Standardization of the IHP encourages individualized student-specific care and measurement by tailoring student centered outcomes or goals that can improve overall health and functioning and quality of life and lead to achieving post-secondary expectations. Students who experience positive health outcomes and safe delivery of special health services in schools have improved attendance, access to educational programs, activities, and quality of life. School nursing and health service delivery impact the student, school, and community by decreasing risk factors, absenteeism, hospitalizations, healthcare costs, and emergency room visits.

References

- Iowa Administrative Code 281.14.2. (2023) *Special Health Services*. Retrieved from: <https://www.legis.iowa.gov/docs/iac/rule/281.14.2.pdf>
- Iowa Administrative Code 655.6. (2021). *Nurse Practice Act*. Retrieved from: <https://www.legis.iowa.gov/docs/iac/chapter/655.6.pdf>
- Iowa Department of Education. (2015). *IHP and Section 504 memorandum*. Retrieved from: <https://educate.iowa.gov/media/2666/download?inline=>
- Iowa Department of Education. (2023). *Special healthcare needs assessment form*. Retrieved from: <https://educate.iowa.gov/media/5216/download?inline>
- Iowa IDEA Information. (2023). *Health services: Special factor consideration*. Retrieved from: <https://iowaideainformation.org/>
- National Committee for Quality Assurance. (2023). *White Paper: Advancing best practices to goal attainment scaling*. Retrieved from: <https://www.ncqa.org/white-papers/advancing-best-practices-for-goal-attainment-scaling/>
- National Committee for Quality Assurance. (2024). *Patient centered outcome domain definitions and examples*. Retrieved from: <https://www.ncqa.org/>
- National Association of School Nurses. (2022). *School nursing: Scope and standards of practice, 4th Edition*. Retrieved from: <https://www.nasn.org/home>
- National Association of State School Nurse Consultants. (2023). *School nurse: Scope and standards of practice modules*. Retrieved from: <https://nassnc.clubexpress.com/>
- North America Nursing Diagnoses Association International [NANDA-I] (2023). *Nanda international nursing diagnoses definitions and classifications taxonomy*. Retrieved from: <https://nanda.org/>
- Office of Disease Prevention and Health Promotion. (n.d.). Social determinants of health. *Healthy People 2030*. U.S. Department of Health and Human Services. Retrieved from: <https://health.gov/healthypeople>
- Orsini, C., Evans, P., & Jerez, O. (2015). How to encourage intrinsic motivation in the clinical teaching environment? A systematic review from the self-determination theory. *Journal of educational evaluation for health professions*, 12, 8. <https://doi.org/10.3352/jeehp.2015.12.8>
- Turner-Stokes L. (2009). Goal attainment scaling (GAS) in rehabilitation: a practical guide. *Clin Rehabil*; 23:362–70.10.1177/0269215508101742
- United States Department of Education. (2023). *Personally, identifiable information for education records*. Retrieved from: <https://studentprivacy.ed.gov/content/personally-identifiable-information-education-records#glossary-node-227>
- United States Department of Education. (2023). *Protecting students with disabilities*. Retrieved from: <https://www2.ed.gov/about/offices/list/ocr/504faq.html>
- United States Department of Health and Human Services. (2023). *Agency for Healthcare Research and Quality*. Retrieved from: <https://www.ahrq.gov/>
- World Health Organization. (2023). *Integrating people centered care*. Retrieved from: <https://www.who.int/>