Special Health Care Needs Assessment Form Template Instructions: To be completed by school health personnel

District: **Building:**

Student Name: **Date of Birth:**

Medical Diagnosis(es) Impacting the Student's Education Program: Health History and Assessment Immunologic System

Allergies: Yes No **If yes, list allergies:**

Lifesaving emergency medication? Yes No NA

Neurological System

Select the following that relates to the student's health needs

Are their seizures? Yes No NA If yes, does the student have: an emergency medication device NA

Does the student have a shunt? Yes No NA If yes, history of infection or blockage? Yes No

Other Neurological information for consideration:

Cardiac or Respiratory System: *Select the following that relates to the student's health needs*

Oxygen

Oxygen Saturation Check

Tracheotomy

Tracheotomy Suctioning

Oral Suctioning

Nasal Suctioning

Nebulizer

Inhaler

Spacer

Automatic Positive Airway Pressure Bi-Level Positive Airway Pressure

Continuous Positive Airway Pressure

Chest Percussion Therapy

Lung Assessment Required During or Immediately Following A Procedure

Defibrillator

Pacemaker

Ventilator

Describe additional cardiac issues:

Describe additional respiratory issues:

Describe any activity restrictions related to the cardiac or respiratory issues:

Gastrointestinal or Genitourinary System

Select the following that relates to the student's health needs

Diapers/disposable worn at school

External catheterization

History of constipation

Peritoneal Dialysis

Colostomy or Ileostomy

GT/JT/Peg Tube

Intermittent catheterization

Nasogastric Tube

Closed catheterization system

Check any tube for residual

Supra-pubic catheterization

Requires a Special Diet at school

Nutrition and Feeding Needs

If the student has a special diet at school is there a diet modification form completed by prescribing healthcare provider and School Food Service Director has a copy? Yes No NA

Type of Diet, please describe if applicable:

Food restrictions or preferences, if applicable:

The student is independent with feeding: Yes No NA

Does the student require tube feedings at school? Yes No NA

Select any that apply:

Fundoplication

History of a swallow study

History of Feeding Clinic

History of Aspiration

History of Choking

Reflux

Mental Health

Select the following that relates to the student's health needs from diagnosis(es) listed on the first page

Description of mental or emotional health symptoms:

The student uses soothers or motivators? Yes No NA

Describe soothers or motivators if applicable:

Communication

Select the following that relates to the student's health needs

The student is:

Verbal | Non-verbal | Uses a communication augmentative device

Signs/gestures | Cries and Smiles | Exhibits expressions

Uses other adaptive equipment specified if applicable:

Motor and Mobility:

Select all ofthe following that relates to the student's health need

Ambulation:	Is Independent	Requires assistance with ambulation	NA
Uses a wheelchair:	Is Independent	Requires assistance with the wheelchair	NA
Uses walker/gait trainer:	Is independent	Requires assistance with the walker/gait trainer	NA

The student requires the following at school (select all that apply):

require the application or removal of orthotic devices at school | requires range of motion at school

position changes required at school | requires the use of a stander at school

Is the student a fall risk? Yes No NA If yes, please explain below:

Safety

Select the following that relates to the student's health need

The student has: safety awareness | unawareness of safety risks and requires safety precautions and monitoring

The student: Elopes from Environment | is at risk to run | NA

The student has a self harm risk and if yes, please explain below: Yes No

Please describe cultural considerations to health service delivery while at school:

Existing Health Service Delivery Documentation

The student has an individual health plan created by the school nurse in collaboration with the student (if applicable), school nurse, parents or educational team? Yes No

If the student has an IHP, describe the frequency of evaluation data to be collected to support improved student health outcomes as determined in the IHP?

Does the student (if applicable) have an IHP goal to improve student independence, safety, advocacy in health services required to manage the student's health status? Yes No NA

Does the student have an Emergency Action Plan (EAP) attached to the IHP? Yes No NA

Does the student have an Emergency Evacuation Plan (EEP) attached to the IHP? Yes No NA

Paraprofessional or Other Unlicensed Assistive Personnel Needs Assessment:

Select all of the following that relates to the student's health need

Toileting: Independent Requires verbal prompts Requires verbal prompts/physical supports

Percentage of Time for Toileting:

Mobility: Independent Requires verbal prompts Requires verbal prompts/physical supports

Percentage of Time for Mobility:

Eating: Independent Requires verbal prompts Requires verbal prompts/physical supports

Percentage of time for Eating:

Dressing: Independent Requires verbal prompts Requires verbal prompts/physical supports

Percentage of time for dressing:

Safety Independent Requires verbal prompts Requires verbal prompts/physical supports

Percentage of time for personal safety:

Total percentage of day for paraprofessional or unlicensed assistive support for toileting, mobility, eating, dressing and personal safety:

Delegation Determination of the School Nurse:

This student has health care needs that can be delegated to a para-educator. The task does not require planning, assess, interpretation, independent nursing judgment. The student's needs are not complex and follows a series of steps and the delegatee will have the ability to communicate with the school nurse. The school nurse determines the frequency to supervise, monitor and evaluate the delegatee. The task is not complex, is part of the student's routine healthcare, follows a sequence of steps, does not require modification, has a predictable outcome, is not beyond the ascribed level of practice of a Licensed Practical Nurse.

The student has healthcare needs are not able to be delegated to a para educator. The activities or functions in health service delivery require planning, assessment, interpretation, independent nursing judgment or activities and functions that are beyond the scope of a licensed practical nurse in accordance with IAC 655.6. The task is complex, is not part of the student's routine healthcare, does not follow a sequence of steps, requires modification, and does not have a predictable outcome.

Level of care Indicated by the licensed school health personnel (school nurse) working under the auspices of the school completing this form in accordance with licensed practice related to delegation for the team to make a determination

Check the one that applies and provide rationale if applicable

No Special health Services Required

Intermittent Daily/Program Para-educator less than 50% to provide special health services

1:1 Full-time para-educator to provide special health services (provide rationale)

School nurse available in the district to provide special health services

Full-time school nurse available in the student's building to provide special health services (provide rationale)

1:1 all day continuous assessment by a licensed practical nurse (LPN). Describe rationale in accordance with licensed practice in IAC 655.6 (an IHP must be developed by the school nurse IAC 281.14.2):

1:1 all day continuous assessment by a registered nurse (RN). Describe rationale in accordance with licensed practice in IAC 655.6 (an IHP must be developed by the school nurse IAC 281.14.2):

Signature and credentials of the school nurse completing the assessment form:

Date of form completion: