



SAMPLE For Educational Purposes Only

Individualized Healthcare Plan (IHP/504) Development Template: Student with Diabetes

(Must be individualized for each student, Use Development Guide and Case Scenario to fill in)

Student Name:

Date of Birth:

Grade:

School:

Date of Meeting:

- 1) **Describe the nature of the concern:**

- 2) **Describe the basis for the determination of disability.**

- 3) **Describe how the disability affects a major life activity.**

- 4) **Are accommodations indicated for state or district-wide on-demand testing?** Yes No
- 5) **Describe the reasonable accommodations that are necessary:**
 - a) **Emergency Action:**

 - b) **Staff Training:**

 - c) **Student's level of care:**

 - d) **Classroom Management**

 - e) **Snacks and Meals:**



SAMPLE For Educational Purposes Only

- f) **Nursing Management:**

- g) **Physical Education/Recess:**

- h) **Field Trips:**

- i) **Bus Transportation:**

- j) **Fire/Emergency Drill or Evacuation Procedures:**

- k) **Student currently participates in the following school sponsored after school activities/programs:**

Date of Plan: _____

Signature of Parent/Guardian _____

Signature of Nurse _____