



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:**



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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 _____