



SAMPLE For Educational Purposes Only

Individualized Healthcare Plan (IHP/504)

(Must be individualized for each student, Use Scenario given 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 accomodations indicated for state or district-wide on-demand testing? ____ Yes ____ No
5. Describe the reasonable accommodations that are necessary:
 1. Emergency Action:
 2. Staff Training
 3. Students level of care
 4. Classroom Management
 5. Snacks and Meals:
 6. Nursing Management
 7. Pysical Education/recess
 8. Field Trips
 9. Bus Transportation
 10. Fire/Emergency Drill Procedures
 11. Student currently participates in the following school sponsored after school activities/programs.

Date of Plan: _____

Signature of Parent/Guardian _____

Signature of Nurse _____