

## **DIABETES ASSESSMENT FORM**

This form is to be completed by the parent of and the school nurse prior to the first day of school.						
Who should the school nurse call/text if the		the school day?				
Name	Relationship	Phone number				
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Are there any cultural/religious concerns to ther)? Please explain:	hat school nurse should be awa	are of (i.e., use of technology, fasting,				
STUDENT SELF CARE						
<ul><li>□ No supervision</li><li>□ Full supervision</li><li>□ Requires some supervision: Ability to b</li></ul>	e determined by school nurse a	and parent				
MONITOR BLOOD GLUCOSE  ☐ As needed for signs/symptoms of						
low/high blood sugars	☐ After PE	☐ After PE				
☐ Before school program	☐ Extracurricula	☐ Extracurricular activity				
☐ Before snack	☐ Behavioral co	☐ Behavioral concern				
☐ After school program	☐ 2.5 hours afte	$\square$ 2.5 hours after correction				
☐ Before lunch	$\square$ School dismis	☐ School dismissal				
☐ After lunch		☐ Before riding bus/walking home				
Recess	☐ CGM alarms					
☐ Before PE	☐ OTHER:					
DAILY DIABETES ROUTINES						
Daily snacks (time):	_					
Blood glucose testing: Time:	Location:					
Breakfast eaten at (time):						
Lunch eaten at (time):						
Recess times:						
Insulin injections: Time:	Location:					
PE days/times:						

## **CLASSROOM CONSIDERATIONS**

When the student experiences either a high blood glucose reaction or a low blood glucose reaction, their thought processes are likely to be adversely affected.

Therefore, accommodations will need to be made with regards to performance expectations during the time immediately before and for at least one hour after the episode is treated.

The classroom teacher will affect their functioning (i.e.,  ☐ Student verbally ☐ Written note from to Graph of the content of	blood glucose less that he office	ın 80 mg/dL	or over 250 n	ng/dL) by:	could		
Field Trips: All diabetes supplies are taken and care is provided:  ☐ By accompanying parent ☐ According to field trip procedure/diabetes care plan re: low/high blood glucose ☐ Other:							
Class Parties: Food treats w  ☐ Student will eat treat ☐ Replace with paren ☐ Modify the treat: ☐ Schedule extra insu	at t-supplied alternative						
After School Activities:  List:							
Care plan given to:							
OTHER CONSIDERATION  Transportation:  Does your child:   Tak		)	□ Walk	□ Get picke	d up by parent		
Parent Designated Adult ( Is a PDA present for your ch	ild? ☐ No ☐ Yes (If	-		•			
Other Considerations:							
This form should be review	ved and signed by th	ne parent ar	nd school nur	se and maintai	ined by the school.		
Parent Signature		PRINT NAM	E		DATE		
School Nurse Signature		PRINT NAM	E		DATE		