

Mumford Independent School District
ADD/ADHD Individualized Healthcare Plan

Date: _____ Revised Date: _____ Campus: _____ Grade: _____
 Student Name: _____ Student ID: _____ DOB: _____
 Physician Name: _____ Phone: _____ Fax: _____
 Emergency Contact: _____ Phone: _____ Email: _____
 Diagnosis: _____ Allergies: _____
 Campus Nurse: _____ UAP: _____

Nursing Diagnosis/Concerns Issues that could arise at school based on Doctor Diagnosis	Nursing Interventions How can the school nurse help support the student's health diagnosis	Goals What we would like the student to improve on or do	Evaluation What was the outcome of the interventions and goals
Mark any that apply: <input type="checkbox"/> Poor social skills <input type="checkbox"/> Inattention/distraction <input type="checkbox"/> Impulsive behaviors <input type="checkbox"/> Difficulty following directions <input type="checkbox"/> Other: _____	<input type="checkbox"/> Educate school staff regarding student expectations and classroom interventions to manage symptoms. <input type="checkbox"/> Provide support and advocate for student, as needed. <input type="checkbox"/> Encourage student to communicate needs when focus is low or distractibility is high. If taking medication at school: <input type="checkbox"/> Obtain parent/guardian and physician authorization for medication to be given at school, and administer medication as prescribed and according to school policy and procedure. <input type="checkbox"/> Assess the student regularly for side effects of prescribed medications.	<input type="checkbox"/> The student will increase positive social interactions in the classroom and with peers. <input type="checkbox"/> The student will increase on-task behavior in the classroom <input type="checkbox"/> The student will improve listening skills and following directions If medication is prescribed by a doctor the student will: <input type="checkbox"/> Take medication on time at school <input type="checkbox"/> Take medication at home consistently	Not Attained: _____ In Process: _____ Goal Attained: _____

Parent/Guardian Statement: I/We have read this plan and agree to its implementation: _____

Parent/Guardian signature

Date