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| **Student Basics** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student Name | | | | |  | | | | | | | | | | | | | | | | | | | DOB | | |  | | | | | | | |
| School: |  | | | | | | | | | | | | | | | | | | | | Grade | | |  | | | Homeroom | | | | | |  | |
| Parent/Guardian 1 | | | | |  | | | | | | | | | | | | | | | | | | | | | Phone | | | | |  | | | |
| Parent/Guardian 2 | | | | |  | | | | | | | | | | | | | | | | | | | | | Phone | | | | |  | | | |
| Family’s First Language | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | |  | | | | |
| **Medical Management and History** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Endocrinologist: | | | | |  | | | | | | | | | | | | | | | | | | | | | Phone | | | | |  | | | |
| Diabetes Educator | | | | |  | | | | | | | | | | | | | | | | | | | | | Phone | | | | |  | | | |
| Clinic | | | | |  | | | | | | | | | | | | | | | | | | | | | Fax | | | | |  | | | |
| Last appointment | | | | |  | | | | | | | | | | | | | | Most Recent HgA1c/Date | | | | | | | | |  | | | | | | |
| Age at Diagnosis | | | | |  | | | | | | | | | | | | | | Hx of Hospitalizations | | | | | | | | |  | | | | | | |
| **Transportation & Activities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Transportation | | | | ⬜ Family ⬜ Bus | | | | | | | | | | | Duration of bus ride | | | | | | | | | |  | | | | | | | | | |
| Does student attend before and after care? | | | | | | | | | | | | | | | | | ⬜ Before Care ⬜ After Care ⬜ Neither | | | | | | | | | | | | | | | | | |
| Does student participate in clubs or athletics? | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Blood Sugar Monitoring** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does student have a CGM? | | | | | | | | | | ⬜Yes ⬜No | | | | | | Is CGM approved for treatment decisions? | | | | | | | | | | | | | | | | | | ⬜Yes ⬜No |
| CGM Specifics | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Level of Support with glucose monitoring | | | | | | | | | | | | | ⬜ Requires assistance ⬜Requires supervision ⬜ Independent | | | | | | | | | | | | | | | | | | | | | |
| Location of Testing | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Frequency of Testing | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parent Notification Parameters/Frequency | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Insulin** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Method of Administration | | | | | | | | | ⬜ Pen ⬜Injection ⬜Pump | | | | | | | | | | | | | Times of Administration | | | | | | |  | | | | | |
| Pump Information | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insulin Specifics | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Level of Support with Insulin | | | | | | | | | | | ⬜ Requires assistance ⬜ Requires supervision ⬜ Independent | | | | | | | | | | | | | | | | | | | | | | | |
| **Glucagon** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of Glucagon: | | | | | | ⬜ Intranasal ⬜Injectable | | | | | | | | | | | | | | Glucagon previously administered | | | | | | | | | | | ⬜ Yes ⬜ No | | | |
| **Nutrition** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Will student eat school lunches? | | | | | | | | | | | | ⬜ Yes ⬜ No ⬜ Both | | | | | | | | | | | | Free and Reduced Lunch | | | | | | | | ⬜ Yes ⬜ No | | |
| Are there special dietary needs? | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Level of Support with Counting Carbohydrates | | | | | | | | | | | | | | | | | | ⬜ Requires assistance ⬜Requires supervision ⬜ Independent | | | | | | | | | | | | | | | | |
| Scheduled Snacks | | |  | | | | | | | | | | | | | | | Mealtimes | | | | |  | | | | | | | | | | | |
| **Remarks** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Intake Discussions/Notes** |
| **Student IEP/504 or IHP’s at Prior Schools?** |
|  |
| **Emergency Lockdown, Lockout, Shelter in Place, Evacuation** |
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| **Student Level of Independence** |
|  |
| **Does Student Recognize Highs/Lows?** |
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| **Concerns About Diabetes/Other Medical Diagnoses** |
|  |
| **Disabilities Present** |
|  |
| **Behavioral History** |
|  |
| **Psychosocial Factors** |
|  |
| **Cultural and Language Considerations** |
|  |
| **Communication Plan** |
|  |
| **Field Trips** |
|  |
| **Other Remarks** |
|  |