



# Student Intake: Type 1 Diabetes (T1D)

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	<input type="checkbox"/> Family <input type="checkbox"/> Bus	Duration of bus ride	
Does student attend before and after care?	<input type="checkbox"/> Before Care <input type="checkbox"/> After Care <input type="checkbox"/> Neither		
Does student participate in clubs or athletics?			
Blood Sugar Monitoring			
Does student have a CGM?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is CGM approved for treatment decisions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
CGM Specifics			
Level of Support with glucose monitoring	<input type="checkbox"/> Requires assistance <input type="checkbox"/> Requires supervision <input type="checkbox"/> Independent		
Location of Testing			
Frequency of Testing			
Parent Notification Parameters/Frequency			
Insulin			
Method of Administration	<input type="checkbox"/> Pen <input type="checkbox"/> Injection <input type="checkbox"/> Pump	Times of Administration	
Pump Information			
Insulin Specifics			
Level of Support with Insulin	<input type="checkbox"/> Requires assistance <input type="checkbox"/> Requires supervision <input type="checkbox"/> Independent		
Glucagon			
Type of Glucagon:	<input type="checkbox"/> Intranasal <input type="checkbox"/> Injectable	Glucagon previously administered	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nutrition			
Will student eat school lunches?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Both	Free and Reduced Lunch	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there special dietary needs?			
Level of Support with Counting Carbohydrates	<input type="checkbox"/> Requires assistance <input type="checkbox"/> Requires supervision <input type="checkbox"/> Independent		
Scheduled Snacks		Mealtimes	
Remarks			



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Intake Discussions/Notes
<b>Student IEP/504 or IHP's at Prior Schools?</b>
<b>Emergency Lockdown, Lockout, Shelter in Place, Evacuation</b>
<b>Student Level of Independence</b>
<b>Does Student Recognize Highs/Lows?</b>
<b>Concerns About Diabetes/Other Medical Diagnoses</b>
<b>Disabilities Present</b>
<b>Behavioral History</b>
<b>Psychosocial Factors</b>
<b>Cultural and Language Considerations</b>
<b>Communication Plan</b>
<b>Field Trips</b>
<b>Other Remarks</b>