|  |
| --- |
| **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** |
|  |

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