

**CHICO UNIFIED SCHOOL DISTRICT**  
**1163 E. SEVENTH ST., CHICO, CA 95928**

School: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Individualized School Healthcare Plan**  
**School Nurse Assessment (Confidential)**  
 School Nurse to Complete with Parent and Pupil

| Pupil:   | DOB:   | School: | Grade: |
|--|--|---------|--------|
| <b>SUBJECTIVE AND OBJECTIVE INFORMATION</b>  |  |         |        |
| 1. Height/Weight - Test date:  | Height: _____ Weight: _____<br><br>Appropriate weight for height: _____  |         |        |
| 2. Vision -Test date:  | School Record Results:   |         |        |
| 3. Hearing -Test dates:  | School Record Results:   |         |        |
| 4. Immunizations:  |  |         |        |
| 5. Diagnosis/ Current Status:  | Age at diagnosis was _____. The target range for maintaining blood glucose is _____ mg/dl to _____ mg/dl. The most recent Hemoglobin A1c level was _____ mg/dl on _____.<br><b>(Hemoglobin A1c is the lab value for blood glucose control during the previous 6 weeks to 3 months. Ranges are: 6 - 8 (good), 9 - 10 (fair), 11+ (poor)</b> |         |        |
| 6. Current Health Status and Management of Health Care at Home<br>(include school attendance if appropriate) |  |         |        |
| 7. Other Health Problems   |  |         |        |
| 8. Health Agencies/School DIS Service  |  |         |        |
| 9. Health Care Procedure Requests for School and Special Considerations                                      |  |         |        |
| 10. Observation of Student Physical Finding  |  |         |        |
| 11. Observations of Health Care Procedures Performed by Parent/Student                                       |  |         |        |
| 12. Other  |  |         |        |