

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

SCHOOL: _____ Phone: _____ Fax: _____

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

Pupil:	DOB:	School:	Grade:
Analysis Determination of Level of Care Needed in School	<input type="checkbox"/> School Nurse (responsible for training, monitoring, and supervising designated staff)		
	<input type="checkbox"/> Designated unlicensed school personnel		<input type="checkbox"/> One: One
	<input type="checkbox"/> Licensed personnel		<input type="checkbox"/> One: One
	Pupil: <input type="checkbox"/> Independent <input type="checkbox"/> Needs assistance <input type="checkbox"/> Needs supervision <input type="checkbox"/> Needs total care		
Explanation of who will be providing health care services in accordance with state law. (See Ed.Code)			
Authorization Forms Reviewed and Given to Parent			
Discussion of plan with parent: Identify school goals and nursing intervention			