

Iowa IHP Template

School:

Student Name:

Date of Birth:

Nursing Assessment

The following sources of information were used to complete this assessment:

- Student observation
Date/Results:
- Information from community, agency, staff, other
Source/Date:
- Review of school records
Date:
- Review of Medical records
Source/Date:
- Interview
Source/Date:

Health Examinations and Screening Results

Physical

Date/Examiner/Results:

Vision:

Date/Examiner/Results:

Hearing:

Date/Examiner/Results:

Educationally Relevant Past Medical and Developmental History:

Current Health Status

Medical Diagnoses:

Medications:

Student Health Needs During the School Day:

Iowa IHP Template

School:

Individual Health Plan

Parent/Guardian:

Primary Care Provider:

Specialist(s):

Student Name:

Date of Birth:

Preferred Phone 1:

Release Date:

Release Date:

Preferred Phone 2:

Phone:

Phone:

IHP Date:

Emergency Action Plan:

yes no

Emergency Evacuation Plan:

yes no

IEP/504 Date:

ICD-10 Codes:

IHP Written by:

Nursing Diagnosis	Intervention	Expected Outcome

Student Name:

Date of Birth:

Iowa IHP Template

School:

Evaluation

Date/Time In/Time Out	Progress Note	Electronic Signature

Date/Time In/Time Out	Progress Note	Electronic Signature

Date/Time In/Time Out	Progress Note	Electronic Signature

Date/Time In/Time Out	Progress Note	Electronic Signature

Date/Time In/Time Out	Progress Note	Electronic Signature