



Office of the School Nurse
 500 N. Norman Ave
 Moore, Oklahoma 73160
 (405) 735-4332 Fax (405) 735-4383

ADD/ ADHD Individual Health Plan

Student's Name: _____ Date of Birth: _____

School: _____ Grade: _____ Homeroom Teacher: _____

Mother/Guardian: _____ Phone: _____

Father/Guardian: _____ Phone: _____

Assessment Data:

Initial Diagnosis	Date	Health Care Provider/ Phone	Comments

Additional Diagnosis	Date	Health Care Provider/ Phone	Comments

Family Resources:

- | | |
|---|---|
| 1. Has phone: Yes No Sometimes | 2. Utilizes Primary clinic? Yes No Sometimes |
| 3. Insurance/ Medicaid Yes No Sometimes | 4. Has transportation? Yes No Sometimes |
| 5. Receives Preventative Care? Yes No Sometimes | 6. Housing meets family needs? Yes No Sometimes |

Comments: _____

Signs/ Symptoms (check all that apply)

Inattention	Academic difficulties	Inappropriate classroom behaviors	Anger management issues
Hyperactivity	Interrupts others	Difficulty with peers/ social skills	Other
Impulsivity	Does not complete work	Difficulty following directions	Other

Medication Therapy

Medication	Route/Dose/Frequency	Adherence Issues/ Effectiveness/ Side effects	Start/stop dates

Nursing diagnoses

Student Goals

1. Ineffective role performance affecting student achievement 2. Potential for less than optimal school achievement d/t ADHD/ ADD 3. Knowledge deficit r/t ADHD and management skills 4. Impaired social interaction 5. Other:	1. Student opportunities for academic achievement are maximized 2. Student will have appropriate social relationships 3. Student will participate in ADHD management plan 4. Other:
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Interventions: (check if applicable)

<p>Administer medications</p> <p>Monitoring medication regime for effectiveness</p> <p>Observe for side effects</p> <p>Facilitate changes in medication regime</p> <p>Student, family, or teacher education</p> <p>Assist families when needed to obtain medication</p>	<p>Monitor adherence to medication regime</p> <p>Assist parents/ guardians to access resources to evaluate and treat the student</p> <p>Provide support and advocate for student as needed</p> <p>Assist student in identifying areas of self control</p> <p>Provide learning opportunities for student to learn more about ADHD</p>	<p>Collect data regarding student's academic progress and behavior</p> <p>Provide teachers and school staff education materials on ADHD</p> <p>Communicate and coordinate information and management plan w/ health care provider</p> <p>Educate parent/guardian regarding diagnosis, treatment options, and follow up assessments</p>
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Student Outcomes

<ol style="list-style-type: none"> 1. Student will experience maximized opportunities for academic achievement. 2. Student will describe hi/her diagnosis/impact on learning, and benefit of ADHD management plan 3. Student will demonstrate positive, appropriate social interactions with peers, teachers, and school staff 4.

Comments or special instructions: _____

Plan initiated/ reviewed with parent: Date: _____ RN signature: _____

Plan reviewed: Date: _____ RN signature: _____

 Date: _____ RN signature: _____

 Date: _____ RN signature: _____