



Chandler Unified School District #80

Diabetic Release Student Self-Management Checklist

Student Name: _____ DOB: _____

School: _____ Grade: _____ Date: _____

Student is able to state Blood Glucose testing schedule while at school	YES	NO
Student is able to state where they will be checking their blood glucose	YES	NO
Student is able to state target Blood Glucose range	YES	NO
Student can state signs of Hypoglycemia	YES	NO
Student can state signs of Hyperglycemia	YES	NO
Student is able to recognize and treat Hypoglycemia	YES	NO
Student can explain treatment of Hyperglycemia	YES	NO
Student can describe how to check Ketones	YES	NO
Student will carry own diabetic management supplies at all times	YES	NO
Student knows where extra diabetic supplies are stored	YES	NO
Student understands that Health Assistant is available during school hours for assistance with diabetic management and interventions.	YES	NO
Student will go the health office with a friend if feeling low or high	YES	NO
Student will text their blood glucose numbers to parent/guardian	YES	NO
Student can demonstrate proficiency with syringe/pen/pump	YES	NO
Student is able to calculate Insulin / Carb ratio	YES	NO
Student is able to calculate Correction Factor	YES	NO

Parent/Guardian Signature: _____ Date: _____

Student's Signature: _____ Date: _____

District/School Nurse Signature: _____ Date: _____