

INDIVIDUALIZED HEALTHCARE PLAN (SAMPLE)

STUDENT NAME: _____ DOB: _____ TEACHER: _____ GRADE: _____

Nursing Diagnosis/ Problem	Desired Outcome	Intervention: Procedure, Time/Location of Procedure, Equipment/Supplies (include size) needed. Location of Equipment/Supplies, Positioning, Student Needs, Emergency Plan, Field Trip Accommodations.	Evaluation

IHP Completed by: _____ Date: _____ Scheduled IHP Review Date: _____