**PLAN OF CARE/INDIVIDUALIZED HEALTHCARE PLAN**

**Student Name:       DOB:**       **Grade/School:       Start Date of IHP:       End Date of IHP:**

**Medical Diagnosis:**       **IHP created by:**       **Initials:**       **\*Start and end dates must be within current school year**

**Student Problem***(Nursing Diagnosis):*

**Student-Centered Goal** *(Long-term, SMART format):*

**Student Potential to Meet Goal:**

|  |  |  |  |
| --- | --- | --- | --- |
| **OUTCOMES**  *(SMART format)* | **INTERVENTIONS** | | **EVALUATION**  *(Date, Progress & initials)* |
| Intervention/include frequency and duration | Person Responsible |
|  |  |  |  |

**Name:**       **Initials:**  **Name:** **Initials:**

6/19 Adapted from Principles for Practice, National Association of School Nurses 2017

**Student Name:**

**Student Problem***(Nursing Diagnosis):*

**Student-centered Goal** *(Long-term, SMART format):*

**Student Potential to Meet Goal:**

|  |  |  |  |
| --- | --- | --- | --- |
| **OUT**C**OMES**  *(SMART format)* | **INTERVENTIONS** | | **EVALUATION**  *(Date, Progress & initials)* |
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|  |  |  |  |

**Name:**  **Initials:**       **Name:**       **Initials:**