Student

Photo

**Individualiz­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ed School Healthcare Plan (ISHP)**

**Please attach applicable procedure and physician’s orders to this ISHP**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name:** | |  | **DOB/ID #:** | |  | | **Date:** | |  |
| **School Site:** |  | | **Rm. #** |  | | **School Phone:** | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Physician Information:** | | | | | | | | | | | | |
| Name: |  | | | | | | Phone: | |  | | | |
| **Emergency Contacts:** | | | | | | | | | | | | |
| **Name** | | **Relationship** | | | **Phone** | | | **Phone** | | | **Phone** | |
| 1. | |  | | |  | | |  | | |  | |
| 2. | |  | | |  | | |  | | |  | |
| 3. | |  | | |  | | |  | | |  | |
| **MEDICAL DIAGNOSIS/PROBLEM AND DESCRIPTION:** | | | | | | | | | | | | |
| Autism spectrum disorder is a brain disorder that often makes it hard to communicate with and relate to others. With autism spectrum disorder, the different areas of the brain fail to work together. The causes are not known. Autism spectrum disorder includes conditions previously called autism, pervasive developmental disorder, and Asperger's syndrome. | | | | | | | | | | | | |
| **SYMPTOMS TO WATCH FOR:** | | | | | | | | | | | | |
| The severity of symptoms varies greatly, but all people with autism spectrum disorder have some core symptoms in the areas of:   1. Social interactions and relationships. Symptoms may include:    1. Significant problems developing nonverbal communication skills, such as eye-to-eye gazing, facial expressions, and body posture.    2. Failure to establish friendships with children the same age.    3. Lack of interest in sharing enjoyment, interests, or achievements with other people.    4. Lack of empathy. People with autism spectrum disorder may have difficulty understanding another person's feelings, such as pain or sorrow. 2. Verbal and nonverbal communication. Symptoms may include:    1. Delay in, or lack of, learning to talk.    2. Problems taking steps to start a conversation. Also, people with autism have difficulties continuing a conversation after it has begun.    3. Stereotyped and repetitive use of language. People with autism spectrum disorder often repeat over and over a phrase they have heard previously (echolalia).    4. Difficulty understanding their listener's perspective. For example, a person with autism spectrum disorder may not understand that someone is using humor. They may interpret the communication word for word and fail to catch the implied meaning. 3. Limited interests in activities or play. Symptoms may include:    1. An unusual focus on pieces. Younger children with autism spectrum disorder often focus on parts of toys, such as the wheels on a car, rather than playing with the entire toy.    2. Preoccupation with certain topics. For example, older children and adults may be fascinated by video games, trading cards, or license plates.    3. A need for sameness and routines. For example, a child with autism spectrum disorder may always need to eat bread before salad and insist on driving the same route every day to school.    4. Stereotyped behaviors. These may include body rocking and hand flapping. | | | | | | | | | | | | |
| **HEALTH CARE ACTION PLAN:** | | | | | | | | | | | | |
| Early diagnosis and treatment helps young children with autism develop to their full potential. The primary goal of treatment is to improve the overall ability of the child to function.  Symptoms and behaviors of autism can combine in many ways and vary in severity. Also, individual symptoms and behaviors often change over time. For these reasons, treatment strategies are tailored to individual needs and available family resources. But in general children with autism respond best to highly structured and specialized treatment. A program that addresses helping parents and improving communication, social, behavioral, adaptive, and learning aspects of a child's life will be most successful.  Behavioral training and management (i.e. Positive reinforcement, self-help, and social skills training to improve behavior and communication):  Specialized therapies:  **S**peech,  Occupational,  Physical therapy  Community Support Group:  Parent Training/Support Group:  Medication(s):  Dosage:  Time(s): | | | | | | | | | | | | |
| **STUDENT ATTENDANCE** | | | | | | | | | | | | |
| **No Concerns**  **Concerning Absenteeism (5 – 9.9%) Chronic Absenteeism (> 10%)**  **INTERVENTIONS**  **Parent/Guardian Contact**  **Attendance letter**  **HIPAA/MD Contact**  **Medical Referral**  **Teacher(s) Collaboration**  **SART/SARB** | | | | | | | | | | | | |
| **IN THE EVENT OF AN EMERGENCY EVACUATION** | | | | | | | | | | | | |
| The following designated and trained staff member(s): should have access to a communication device and are responsible for assuring that the student’s medication and emergency plan accompanies him/her to the evacuation command center.  The following designated and trained staff member(s): are responsible to evacuate the student following the pre-determined (attached) path of travel. If the student is unable to ambulate or utilize his/her powerchair/wheelchair, then the Med-Sled must be used to evacuate. The Med Sled is located: | | | | | | | | | | | | |
| **DESIGNATED STAFF:** | | | | | | | | | | | | |
| **Name** | | | **Training Date** | **Name** | | | | | | | | **Training Date** |
| 1. | | |  | 4. | | | | | | | |  |
| 2. | | |  | 5. | | | | | | | |  |
| 3. | | |  | 6. | | | | | | | |  |
| **DISTRIBUTION DATE(S):** | | | | | | | | | | | | |
| **Principal** | | **Date** |  | **Parent/Guardian** | | | | | | **Date** | |  |
| **Teacher** (Put copy in sub folder) | | **Date** |  | **Other** | |  | | | | **Date** | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School Nurse Signature** |  | | **Date** |  |
| **Parent/Guardian Signature** | |  | **Date** |  |
| **Principal/Admin:** | |  | **Date** |  |
| **General Ed. Teacher:** | |  | **Date** |  |
| **SPED Teacher:** | |  | **Date** |  |
| **LAMPS Teacher(s):** | |  | **Date** |  |