****

**Individualiz­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ed School Healthcare Plan (ISHP)**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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:** |
| **Hearing Loss****Types:**\_\_**Conductive hearing loss** is caused by blockage in the transmission of sound to the inner ear. Ear infections are the most common cause of this type of hearing loss in infants and young children. This loss is usually mild, temporary, and treatable with medicine or surgery.\_\_**Sensorineural hearing loss** can happen when the sensitive inner ear (cochlea) has damage or a structural problem, though in rare cases it can be caused by problems with the auditory cortex, the part of the brain responsible for hearing. Cochlear hearing loss, the most common type, may involve a specific part of the cochlea such as the inner hair cells, outer hair cells, or both. It usually exists at birth, and can be inherited or come from other medical problems, though sometimes the cause is unknown. This type of hearing loss is usually permanent.**The degree of sensorineural hearing loss can be:****mild** (a person cannot hear certain sounds)**moderate** (a person cannot hear many sounds)**severe** (a person cannot hear most sounds)**profound** (a person cannot hear any sounds)Sometimes the loss is **progressive** (gets worse over time) and sometimes **unilateral** (one ear only).Because the hearing loss can get worse over time, audiologic testing should be repeated later on. Although medicines and surgeries cannot cure this type of hearing loss, hearing aids can help children hear better.\_\_**Mixed hearing loss** happens when a person has both conductive and sensorineural hearing loss. |
| **SYMPTOMS TO WATCH FOR:** |
| * limited, poor, or no speech
* frequently inattentive
* difficulty learning
* seems to need higher TV volume
* fails to respond to conversation-level speech or answers inappropriately to speech
* fails to respond to his or her name or easily frustrated when there's a lot of background noise
* has trouble following a conversation when more than one person speaks at once
 |
| **HEALTH CARE ACTION PLAN:** |
| Adaptations to the classroom environment need to be considered individually for each child. Adaptations should be made to ensure that communication access is as effective for children with hearing loss as it is for their typically hearing peers. Challenges and appropriate classroom adaptations will vary depending on a child’s age.**Hearing aid:** \_\_\_left ear or \_\_\_ right ear or \_\_\_ bilateral ears: tiny instruments in or behind ear to make sounds louder. Sounds may sound differently through a hearing aid - ensure proper settings with primary care provider.**Classroom Considerations that Help Most Students*** Keep the classroom door closed to minimize noise in the hallway from interfering with learning.
* Teacher avoids standing in front of a window so that his/her face can be seen without glare from the sun or outside distractions.
* All new directions, concepts and information should be presented from the front of the room, not when the teacher is moving between desks or during noisy classroom transition times.
* Adhere to a classroom routine; if a student misses something they will be better able to predict what they should be doing or what will happen next.
* Maintain quiet during lecture times and classroom discussion when students will be expected to understand information
* During classroom discussions ask students to speak one at a time.
* Summarize key points made by students’ answers or comments during class discussion.
* Write all assignments on the board, including textbook page numbers the class will be turning to in each lesson period.
* If a visual is used, like a map, graph or a projected image, allow students a chance to look at the visual, describe what they are seeing, and provide short silences so they can process the meaning of both the visual and what is being said.

**Classroom Adaptations to Help Children with Hearing Loss Listen Better*** Assign children to classrooms that have acceptable acoustics. Open-plan schools are not appropriate settings for children with hearing loss who are auditory learners. Noisy ventilation system, rooms next to noisy gym or band areas and classrooms that lack acoustic ceiling tile and/or carpeting are likely to add to the child’s listening and learning challenges. Felt pads or tennis balls on the legs of the chairs/desks will cut down on noise made by students.
* Make sure the child’s hearing aids or cochlear implants are functioning each day. A school staff member should be responsible for checking the devices daily and/or for working with the student as they gain responsibility for performing daily checks of their own devices.
* Students who are unable to repeat 90% or more of words in background noise should be considered for personal FM devices that work with their own hearing aids or cochlear implants. The teacher wears a microphone transmitter and the child is able to hear the teacher’s voice through the FM device as though s/he was speaking only a few inches from the student’s ears. If the microphone is passed around during classroom discussions and small group learning then the child will be able to hear other student’s voices too.
* Use FM devices to allow the child to be able to hear school assemblies and daily announcements. Provide a way to use FM with Smart Boards, computers and videos.
* Seat the student in the second row and a little off to one side of the classroom. If he or she has a better hearing ear, that ear should be facing the teacher. Recognize that the student may need to turn to watch other students as they speak or to gather visual cues if they miss directions.
* The student and teacher can work out a signal that can be used when the student is having a hard time understanding. For example, cupping a hand behind one ear, putting a finger on the side of the nose or hanging a hand over the front of the desk and wiggling the fingers could all be confidential signals between the student and the teacher. With this reminder, the teacher can control the noise, distance or summarize what has recently been presented.
* Encourage the student to close the classroom door if it is open to interfering noise.
* Some children benefit from use of a ‘buddy system’ in which the students asks another student to repeat directions or help them get started on seat work. This should not interfere with the student taking responsibility for letting the teacher know that they didn’t understand. Becoming an independent communicator is an important lifelong skill.
 |
| **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** |  |