**Logo, company name

Description automatically generated**

**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:** | | | | | | | | | | | |
| Obsessive-compulsive disorder (OCD) is a mental illness that causes repeated unwanted thoughts or sensations (obsessions) or the urge to do something repeatedly (compulsions). Some people can have both obsessions and compulsions. | | | | | | | | | | | |
| **SYMPTOMS TO WATCH FOR:** | | | | | | | | | | | |
| OCD comes in many forms, but most cases fall into at least one of four general categories:   * **Checking,** such as locks, alarm systems, ovens, or light switches, or thinking you have a medical condition. * **Contamination,** a fear of things that might be dirty or a compulsion to clean. Mental contamination involves feeling like you’ve been treated like dirt. * **Symmetry and ordering,** the need to have things lined up in a certain way * **Ruminations and intrusive thoughts,** an obsession with a line of thought. Some of these thoughts might be violent or disturbing. | | | | | | | | | | | |
| **HEALTH CARE ACTION PLAN:** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **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: | | | | | | | | | | | |
| **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** | | | | | | | | | | | |
| **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** |  |