School Nurse Diabetic Assessment

Date: _____

Student Name: _____ Age of onset: _____

Level of understanding regarding diabetes Good Fair Poor

Education Provided Yes No

Able to recognize signs and symptoms of hypoglycemia Yes No

Education Provided Yes No

Able to recognize signs and symptoms of hypoglycemia Yes No

Education Provided Yes No

Is the student able to perform own blood glucose testing? Yes Needs Help No

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Does the student have a secure private location to access diabetic supplies? Yes No

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How many times does the student perform blood glucose testing at school? 1 2 3 Prn

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Sharps disposal plan Yes No

Can student identify medication trained personnel? Yes No

Individual Health Plan on file? Yes No

Reviewed fall semester by: _____ Reviewed spring semester by: _____

_____ _____

Nurse Signature Date