HEARTLAND REGIONAL GENETICS NETWORK

UNIVERSITY OF SOUTH DAKOTA
SANFORD SCHOOL OF MEDICINE
Center for Disabilities

HEALTHCARE PLAN

School District Name

Student:		Date of Birth:	
Parent:		Physician	

Health Condition:

Nursing Diagnosis:

Outcome:

- Staff will report understanding of care plan.
- Care plan will be carried out as written.

INSERT
STUDENT
PICTURE
HERE

Assessment/Symptoms (individualize to student):

Plan (individualize to student and allow for maximum student independence):

Individual Responsible	Interventions/Accommodations

Evaluation

- Staff who were trained on (date)

Additional comments:

Healthcare Plan attached to: 504 ☐   IEP ☐