

### Individual Health Services Plan

Student: \_\_\_\_\_ DOB:\_\_\_ M\_\_\_ F\_\_\_ Medications: yes\_\_\_ no \_\_\_ Procedure Plan: yes\_\_\_no \_\_\_

School:\_\_\_\_\_ Grade:\_\_\_\_\_

Circle all that apply. Date interventions as they are implemented, unless they are ONGOING:

1. Nursing diagnosis:	2. Goals:	Nursing Interventions:	Outcomes:
Potential for impulsivity, or decreased ability to concentrate.	Student will demonstrate the ability to utilize intellectual capacities (thinking, focusing, and concentrating) to the best of his ability.	<ol style="list-style-type: none"> <li>1. Advise teacher that student has this condition.</li> <li>2. Consult with parent as needed.</li> <li>3. Educate staff about inattention and impulsivity.</li> <li>4. Advise staff on activities that can be provided to help assist them with decreasing inattentive behaviors.</li> </ol>	<ol style="list-style-type: none"> <li>1. Student will be able to control impulsivity and be able to concentrate while at school and in classes.</li> <li>2. Teacher will be able to redirect the student when they see impulsivity and inattentive behaviors.</li> </ol>

Parent/Guardian: \_\_\_\_\_ Initiation Date: \_\_\_\_\_ Review Date: \_\_\_\_\_

Nurse: \_\_\_\_\_ Date: \_\_\_\_\_ Provider Code: \_\_\_\_\_