Page_	of	

## INDIVIDUALIZED HEALTHCARE PLAN (IHP) ADHD

STUDENT NAME:	DOB			
Student Address:	School:			
Home Phone:	Teacher/Counselor:			
Parent/Guardian:	Grade:			
Day/Work Phone:	IHP Date:			
Healthcare Provider:	IEP Date:			
Provider Phone:	Review Date(s):			
IHP Written By:	ICD-9 Codes:			
D				

	Parental/Guardian statement: If We have read this plan and agree to its implementation.								
	Signature: Date:								
	<u> </u>								
Assessment Data Nursing				Nursing	Expected				
		Diagnosis	Goals	Intervention	Outcome				
		Impaired social interaction	The student will increase	Educate school staff	The student will demonstrate				
		related to:	his/her appropriate social	regarding student	a decrease in (specific				

Diagnosis	Goals	Intervention	Outcome
Impaired social interaction	The student will increase	Educate school staff	The student will demonstrate
related to:	his/her appropriate social	regarding student	a decrease in (specific
		expectations and classroom	negative behavior) as
- altered thought processes	behavior at home and in the		reported by the parent and
		J 1	classroom teacher and staff.
- impulsive behaviors		including preferential	
	The student will identify and	•	The student will identify
	utilize resources at home and		(specific number) options of
	<u> </u>		appropriate behavior instead
		modification plans, and token	O . 1
	problem solving.	reward systems.	inappropriate behavior).
			The student will demonstrate positive, appropriate social interactions with peers at school.

STUDENT NAME:	
Parental/Guardian Statement: I/We have read this plan and agree to its implementate	ion.
Signature:	Date:

Assessment Data	Nursing		Nursing	Expected
	Diagnosis	Goals	Interventions	Outcomes
		J	Provide healthcare	The student will participate
		_		in management plan.
	Individual		regarding academic	- Take medication on time
!	!		performance and behavior at	
		1 1	school as needed.	prescribed)
		in health assessments and		- Regularly attend therapeutic
	!	prescribed management plan.		counseling sessions (if
!	!		μ C 1	prescribed)
	!		consistent structure and clear	· ·
	!		expectations.	aids (if prescribed)
	!			- Attend follow-up
!	!			appointments, as needed
	!			
	!			
!	!			
	!			
	!			
!	!			
!	!			
!	!			
!	!			
!	!			
				appointments, as need

ſп	di	ivid	lualized	ł	Health	Care	Plan	ADHD

Page\_\_\_\_of \_\_\_\_