

SCHOOL PLAN WORKSHEET

Name _____ Birthdate _____

Name of School & School District: _____

Fax Number for School: (____) - ____ - ____

Phone Number for School: (____) - ____ - ____

Grade level: _____

Mark the Type of Diabetes: Type 1 Diabetes Type 2 Diabetes Other Type _____.

What blood sugar do you treat a low blood sugar at school? Under _____ mg/dL

How many grams of carbohydrate do you use to treat a low blood sugar at school? _____ Grams

Do you give a correction dose of insulin outside of a meal time at school? Yes No

- If yes, what blood sugar level will you give insulin at school? Over _____ mg/dL
- Do you check ketones when blood sugar is elevated at school? Yes No
- If yes, what blood sugar level is used to check ketones? Over _____ mg/dL

Does your child wear a CGM device at school? Yes No If Yes, what type - Dexcom Medtronic

- If Yes, what are the targets on the device: Low target: _____ mg/dL High target: _____ mg/dL

Does your child take any other diabetes medication at school? Yes No

- If yes, provide the name of the medication, dosage and time to be given.

Name of Medicine: _____ Dosage: _____ What time: _____

Does your child take insulin at school? Yes No

- Humalog Novolog Apidra
- Pen Syringe Pump
- Does your child give their own insulin injection? Yes No
- Does your child know how to do any of the following skills, Mark the skills they can do:
 - No skills Count Carbohydrates Calculates insulin dose Sets up own pen or syringe
 - Gives own injection
- Do they need supervision? Yes No

Are you adjusting insulin doses between your clinic visits? Yes No

- If yes, please discuss with your nurse or doctor to identify the range for school adjustments.

Mark the Meals and Snacks That Your Child Receives at School or Daycare

- Breakfast AM Snack Lunch PM Snack Dinner
- Does your child dose snacks at school? Yes No
- Do they dose insulin before or after eating Meal or snack? Before After

Complete the Current Dosing for Meals and Snacks at School- Mark only the ones dosed at school:

Breakfast: 1.0 unit for _____ grams AM Snack: 1.0 unit for _____ grams Lunch: 1.0 unit for _____ grams

PM Snack: 1.0 unit for _____ grams Dinner: 1.0 unit for _____ grams

Please select how you determine a Meal time correction dose at school.

- Correction Calculation at a meal:
 - What blood sugar level at a meal do you give the extra insulin? Over _____ mg/dL
 - Your calculation is: Blood sugar minus _____ divide by _____ mg/dL
- Dosing APP - Name of the APP: _____.
- Dosing Chart - Bring a copy of your current dosing chart to your appointment for review and revision.