

Student Diagnosis- Individual Care Plan

Plan must be updated annually or when there is a change in the child's special need

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| Child's Full Name | Today's Date |
| CONTACT INFORMATION | |
| Parent's/Guardian's Name | Telephone |
| Parent's/Guardian's Name | Telephone |
| Primary Health Care Provider | Telephone |
| Specialist (if applicable) | Telephone |
| Specialist (if applicable) | Telephone |
| CHILD'S SPECIAL NEEDS | |
| Diagnosis, if known: | |
| Known symptoms and triggers: | |
| Describe activity, behavioral, or environmental modifications that are needed for the child: | |
| MEDICATIONS | |
| IF YOU NEED TO SUBMIT MEDICATION TO BE ADMINISTERED AT SCHOOL, PLEASE ATTACH A MEDICATION FORM FOR EACH MEDICATION | |
| EMERGENCY RESPONSE PLAN | |
| If applicable, list the steps and procedures the early learning or school-age provider should perform during an emergency related to your child's special need. | |