

FOR SCHOOL NURSE
SCHOOL INTAKE INTERVIEW - DIABETES

Student: _____ Date of Birth: _____
School: _____ Grade: _____ Homeroom Teacher: _____
Parent/Guardian: _____
Phone (Home): _____ Phone (Work): _____ Other: _____
Physician Name: _____ Office Phone: _____ Fax: _____
Diabetes Nurse Educator's Name: _____ Office Phone: _____
Medical Release of Information signed? Yes: _____ No: _____
Age of Diagnosis: Diabetes: Type 1: _____ Type 2: _____ Last A1c: _____ Next Appt: _____
History of Hospitalization: _____
Mode of Transportation to and from School? Work: _____ Parent: _____ Bus: _____
Bus Driver notified of diabetes? Yes: _____ No: _____
Does child participate in after school activities? Yes: _____ No: _____
Explain: _____
Does child attend Before and After Care? Yes: _____ Before: _____ After: _____ No: _____
Field Trip Recommendations: _____
Field Trip Adult designated/notified of diabetes? Yes: _____ No: _____

Blood Sugar Monitoring:

Test will be performed in _____ (location)
Needs assistance with testing? Yes: _____ No: _____
Required Test Times: _____
Call Parent if blood sugar is below: _____ Above: _____
Staff to record and report to parent(s): Daily: _____ Weekly: _____
Continuous Glucose Monitoring Model: _____ Alarm parameters: _____
Comments: _____

Med: **Insulin:** Can child give own injection? Yes: _____ No: _____ Explain: _____
Order for insulin on file? Yes: _____ No: _____
Time(s) insulin to be administered at school: _____
Type/Dosage: _____
Form of Administration: Injection: _____ Pen: _____ Pump: _____
Oral Medications: Type: _____ Times: _____ Dose: _____
Insulin Carb Ratio: _____ Insulin Sensitivity: _____ BG Starting at: _____
Discussed Insulin Expiration at 28 Days? Yes: _____ No: _____
Glucagon Ever Used: Yes: _____ No: _____ If yes, date(s): _____
Comments: _____

Diet: Assigned Student Lunch Time? _____
Is child following a prescribed meal plan? Yes: _____ No: _____ Assistance Required? Yes: _____ No: _____
Explain: _____
Snack Time(s): _____ Assistance Required? Yes: _____ No: _____
Explain: _____
Snack will be eaten in _____ (location)
Snacks will be stored in _____ (location)
Recommended Snacks: _____
Parent wishes to be notified in advance of class parties? Yes: _____ No: _____
Child may partake in class treats? Yes: _____ No: _____ Explain: _____
Comments: _____

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Physical Education:

Scheduled at: _____
Is snack necessary before Physical Education? Yes: _____ No: _____
Does child participate in after school sports? Yes: _____ No: _____
P.E. Coach/Teacher aware of child's diabetes? Yes: _____ No: _____

Comments: _____

Communication:

Who do we notify first? _____
Preferred Communication: Cell: _____ Text: _____ Email: _____

Comments: _____

Emergency: Discuss Lockdown, Lockout, Shelter in Place, Evacuate protocols

Snack Location(s):
Classroom _____
Art Class _____
PE _____
Music _____
Library _____
SPED Classroom _____
Computer Lab _____
Other _____ (list location)

What does the student know regarding their diabetes? _____

What does he/she think about being a diabetic person? _____

What does the parent think about having a diabetic child (fears, concerns, etc.) _____

Describe any experiences - good or bad - at the child's last school: _____

Describe any training needs (student, staff, parent): _____

Comments: _____
