Student

Photo

**Individualiz­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ed School Healthcare Plan (ISHP)**

**Please attach applicable procedure and physician’s orders to this ISHP**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Student Name:** |  | **DOB/ID #:**  |  | **Date:** |  |
| **School Site:** |  | **Rm. #** |  | **School Phone:** |  |

|  |
| --- |
| **Physician Information:** |
| Name:  | Phone:  |  |
| **Emergency Contacts:** |
| **Name** | **Relationship** | **Phone** | **Phone** | **Phone** |
| 1.  |  |  |  |  |
| 2.  |  |  |  |  |
| 3.  |  |  |  |  |
| **MEDICAL DIAGNOSIS/PROBLEM AND DESCRIPTION:** |
| Fragile X/ ASD- Fragile X syndrome causes a range of functioning across domains. It is a specific, identifiable condition with a known genetic cause. Autism spectrum disorder is identified by a cluster of symptoms rather than a specific condition, and is believed to have many causes, most of them unknown. There is overlap, in that some individuals with FXS have ASD, and some do not, though FXS is known to be the leading known single gene cause of ASD.Characteristics -Fragile X SyndromeCertain physical and behavioral characteristics are associated with FXS in both males and females. Facial features of FXS tend to be more noticeable as children get older. The following physical, learning and behavioral characteristics of FXS are usually more evident in males, but females can also demonstrate a range of features. Common Features of Fragile X Syndrome Physical FeaturesLarge earsLow muscle toneHigh palate (roof of mouth)Flat feetSeizuresCrossed/lazy eyesTendency for ear infectionsFlexible joints, particularly of the hands and wristsLong faceLarge testicles (in males at puberty)Cognitive/Behavioral FeaturesLearning and intellectual disabilitiesAttention deficits and hyperactivityHand flapping and/or bitingPoor eye contactShyness, anxietyBehavior issuesSpeech and language delaysMotor delay (late crawling, walking, toileting)Difficulty with transitionsIncreased sensitivity to sounds, touch, crowds, certain foods and texturesAutism spectrum disorder (ASD) |
| **SYMPTOMS TO WATCH FOR:** |
| \_\_\_\_\_\_\_does not suffer from seizures. He does chew, when not provided his preferred chew object he will chew toys in the classroom.  |
| **HEALTH CARE ACTION PLAN:** |
| \_\_\_\_\_will need support to chew appropriate objects and hopefully move to not chewing objects.  |
| **IN THE EVENT OF AN EMERGENCY EVACUATION** |
| The following designated and trained staff member(s): All preschool staff will need to support \_\_\_\_\_\_in the event of an evacuation. He lacks safety awareness and is at risk of elopement. Goals will be in IEP |
| **STUDENT ATTENDANCE** |
| [ ]  **No Concerns** [ ]  **Concerning Absenteeism (5 – 9.9%) Chronic Absenteeism (> 10%)****INTERVENTIONS**[ ]  **Parent/Guardian Contact** [ ]  **Attendance letter**[ ]  **HIPAA/MD Contact** [ ]  **Medical Referral**[ ]  **Teacher(s) Collaboration** [ ]  **SART/SARB** |
| **DESIGNATED STAFF:** |
| **Name** | **Training Date** | **Name** | **Training Date** |
| 1.  |  | 4.  |  |
| 2.  |  | 5.  |  |
| 3.  |  | 6.  |  |
| **DISTRIBUTION DATE(S):** |
| [ ]  **Principal** | **Date** |  | [ ]  **Parent/Guardian** | **Date** |  |
| [ ]  **Teacher** (Put copy in sub folder) | **Date** |  | [ ]  **Other** |  | **Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **School Nurse Signature** |  | **Date** |  |
| **Parent/Guardian Signature** |  | **Date** |  |