Individual Health Plan (IHP)

Note: The Individual Health Plan (IHP) clarifies the provision of medication, monitoring of health status and other aspects of health management.
The Individual Health Plan:

- Essential to achieve educational equality for students with health management needs
- Ensures access to an education for students with special health care needs, whether or not the student is classified as eligible for special education

What is an Individual Health Plan?

- A formal written agreement developed with the interdisciplinary collaboration of the school staff in partnership with the student’s family, the student, and the student’s health care provider(s)

Why an IHP?

- Ensures that the school has needed information and authorization
- Addresses family & school concerns
- Clarifies roles & responsibilities
- Establishes a basis for ongoing teamwork, communication, & evaluation

"Hallmarks" of a Good IHP

- Contains information, guidelines & standards that promote a student’s health & educational goals
- Avoids unnecessary risk, restriction, stigma, illness, & absence

Benefits of IHP to Schools

- Protect individual and district liability of school boards & administrators
- Documents compliance with federal and state laws and regulations
- Data from IHPs about individual and aggregate needs facilitates planning for staffing, budgeting, professional development, policies, & cost-effective use of school and community resources

IHP needs to address:

- Collaboration!!

IHP needs to provide for:

- Opportunities for collaborative planning & problem-solving among staff & parents
- Coordination of physical, social, emotional & academic goals
- Academic & social continuity
- Achievement of personal fitness goals and safe participation in physical education, sports, field trips and other special events
- Staff training & peer sensitization
- Environmental controls (maintaining air quality, elimination of irritants, allergens, & toxic hazards)
- Medically timely & convenient access to medication at all times
- Individualized crisis & emergency management

Need for an IHP

- Every student with a health impairment or physical disability needs documentation of their needs and the services to be provided through an IHP
- The IHP clarifies the provision of medication, monitoring of health status, & other aspects of health management

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Who might need an IHP?
Students with:
- Asthma
- Serious allergies
- Chronic conditions
- Physical disabilities
- ADD/ADHD
- Medication needs
- Need for catheterization
- Need for toileting assistance

What are the consequences of not having an IHP?
- Students can't reliably access medication as needed
- Staff do not understand the precautions necessary to avoid hazardous or life-threatening situations
- Staff can’t assist students to overcome obstacles to participation & achievement

Other negative consequences
- Student absences may increase
- Student absences & poor performance may be blamed on the child or family
- Student health deteriorates
- Student lives may be threatened
- Other students may also suffer

Developing the IHP
- Speak with your child’s health care provider(s) about your child’s school experiences and the potential threats to their health in the school environment
- Seek information from your child’s health care provider(s) about your child’s specialized needs in the school environment
- Request that your child’s health care provider(s) document your child’s needs and necessary supports, services, etc. in writing to share with the school
- Request a meeting with your child’s school to discuss development of an Individualized Health Plan

Special Education:
- If your child is receiving special education services, incorporate the information relating to the IHP into the IEP meeting
- Request that the IHP services be included as part of the IEP
- Ensure that the IHP section of the IEP be shared with all relevant staff & administrators
- If your child is not currently receiving special education services, consider whether your child may be eligible for special education services (for example, Other Health Impaired; Physical Disability)
- If appropriate, request an evaluation for special education services. Ensure that your child’s health issues are evaluated.
- Section 504:
  - If your child’s special health care needs significantly impact your child’s daily activities (learning, breathing, seeing, walking, etc.) in the school environment, request a Section 504 evaluation
  - Meet with the 504 team to share information on your child’s special health care needs & develop a Section 504 plan that incorporates an IHP
Other:
- If your child’s special health care needs do not require special education or a Section 504 plan, ask to meet with the appropriate school or district staff to discuss an IHP
- Share the information from your child’s health care provider(s)
- Identify key times of day, activities, places, etc. that require special attention

**Develop the IHP containing:**
- Description of your child’s special health care needs & how they are impacted by the school environment
- Description of the specific services, supports, etc. that will be provided to your child to address their special health care needs
- Identification of parties responsible to provide services, supports, etc.
- Description of training/professional development needed and how and when it will be provided
- Specify ongoing services as well as protocols for emergencies
- How and how often will the family be informed of status of implementation?
- Describe the responsibilities of all parties, including principal, school nurse, teacher, aide, family, and student, including back-up plans when the trained teacher is absent, etc.
- Set starting date for implementation
- Set dates for periodic review of the plan to ensure it is effective

**Once the IHP is developed:**
- Sign and date the IHP document
- Copy the IHP document
- Disseminate the document to all relevant school and district staff, family members, student if appropriate
- Meet as needed with staff who have responsibilities under the IHP to explain their responsibilities & set training
- Provide follow-up
- Ensure that training is provided
- Ensure the IHP is being implemented
- Contact appropriate staff periodically to ensure plan is working
- Check with your child frequently
- Keep your child’s health care provider(s) informed
- Inform your school of any changes
- Update the IHP at least annually

*The above IHP information was reprinted with permission and developed by Statewide Parent Advocacy Network, 35 Halsey St., Fourth Floor, Newark, NJ 07102*
Medical Home/School - Evaluation/Services Form
This form will serve as communication between the student’s health care provider and school professionals as it relates to health concerns that may impact the student’s education.

Contact Information
Patient/Student’s Full Name: ________________________________________
Parent/Guardian’s Name: ___________________________________________
Parent/Guardian’s Phone Number: ___________________________________
Patient/Student’s School & District: ________________________________
Principal’s Name (if known): _________________________________________
School Phone No.:_________________________________________________

I, the undersigned, have authorized sharing of information by signing a Medical Home-School Information Release that is current and will remain in effect until the date indicated below.
Parent/Guardian’s Signature: _________________________________________
Will remain in effect until - Date:______________________________

Physician Contact Info
Medical Home Provider (MD, DO, PA, NP): __________________________
Phone Number: ___________________________________________________
Fax Number:_____________________________________________________
Mailing Address: ___________________________________________________
E-mail address:___________________________________________________
If not the above, the best contact person: ______________________________
Phone Number:___________________________________________________
Mailing Address: ___________________________________________________
E-mail address:___________________________________________________
Preferred Method and Time for Contact:________________________________

Diagnosis and Treatment
Student’s condition(s)/diagnosis:______________________________________
____________________________________________________________________
Date of onset: ______________________________________________________
Nature of current treatment/medication, if any: ____________________________________
____________________________________________________________________

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Side effects from treatment/medication (indicate current, expected, or possible, particularly as they may impact the classroom): __________________________________________
______________________________________________________________________
______________________________________________________________________

With treatment, does the child have PHYSICAL Functional Limitations?

- Yes, If Yes, explain:
- No

With this treatment, the patient has:

- Recovered
- Improved
- Not changed
- Regressed
- Stabilized
- Other-explain

With this treatment, does the child have MENTAL/EMOTIONAL Functional Limitations?

- Yes, If Yes, explain:
- No

### Areas Affected by the Condition

#### Life Activities
possibly affected:

- Caring for oneself
- Performing manual tasks
- Walking
- Seeing
- Hearing
- Speaking
- Breathing
- Learning
- Working

**Explain:**

### Areas Affected by the Condition

#### School Activities
possibly affected by this condition:

- School attendance
- Memory/attention
- Thirst/appetite
- Mobility/motor skills
- Peer interactions
- Personality
- Toileting/hygiene
- Stamina/fatigue
- Meals/feeding/foods
- Transportation
- Academic testing
- Physical education
- Field trips/events
- Playground/recess
- Oral expression
- Articulation
- Written expression
- Comprehension
- Transitions
- Other:

**Explain:**

**Patient/Student’s Name:** ________________________________
**School:**______________________________________________

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Complete only the following sections as appropriate

Recommended Evaluation(s) & Service(s)

Reason for recommendation:

**Evaluation recommendations:**
- ADD/ADHD
- Autism
- Deaf-blindness
- Deafness or other hearing impairments
- Emotional disturbances
- Mental retardation
- Orthopedic impairments
- Specific learning disabilities
- Speech or language impairment
- Traumatic brain injuries
- Visual impairment
- Specific learning disabilities
- Other Health Impairments, including chronic or acute health conditions - explain)

Comments:

**School services recommendations**
(please check category and provide detail if applicable):
- Dietary accommodations
- Personal care
- Psychological services
- Medical procedures:
- Speech, vision, and/or hearing therapy consult
- Physical/occupational therapy consult
- Specially designed instruction
- Other – please explain:

Comments:
Other recommendations (e.g., further tests, treatments, mitigating measures, accommodations, etc.)

Other concerns not previously addressed:

-------------------------------------------------------------- ---------------------------------
Medical Provider Signature    Date

Print name:______________________________

Patient/Student’s Name: ________________________________
School:______________________________________________
# Child’s Medical History

**Child’s Name:** 
(Last) (First) (Middle) 

**Nickname:**  

**Date of Birth:**

/ /

**Sex:**

[ ] Male
[ ] Female

**Child’s Social Security Number:**

__________________________

**Address:**

________________________________________________________________________

________________________________________________________________________

## Diagnosis

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## Immunization Record

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Allergies
(Medication, Food, Insects)

Allergy

Type of Reaction

Signs & Symptoms

Management
(including antidote with dosage)

Allergy

Type of Reaction

Signs & Symptoms

Management
(including antidote with dosage)

Allergy

Type of Reaction

Signs & Symptoms

Management
(including antidote with dosage)

Allergy

Type of Reaction

Signs & Symptoms

Management
(including antidote with dosage)