



Donegal School District
Individualized Health Plan (IHP)

School: _____

Name: _____

Grade/Section/Teacher: _____

Health Concern(s): _____

Physician: _____

Accommodations Needed At School (Please check all that apply **AND** person responsible):

- None
- Early transfer to class
- Help to carry books/backpack
- Use of assistive device for mobilization
- Parking accommodations
- Provide assistance with lunch tray
- Elevator use/No stairs
- Provide assistance on elevator
- Develop evacuation plan for 2nd floor
- Elevate limb in classroom
- Allow student to carry water bottle
- Allow student to carry snack
- Please accompany student to health room if ill
- Assign student buddy
- Provide an extra set of textbooks for home
- No heavy lifting
- No heavy lifting over _____ pounds
- Allow unrestricted bathroom privileges
- Ice to affected area
- Other: _____

Gym/Recess

- No restrictions
- Allow activity as able
- No gym/recess
- Modified gym (please specify):
- Feet to remain on floor
(no balance beam, wall climbing, swimming, etc.)
- Other: _____

Allow student to come to health room for medication, ice, time to rest and/or other needs.

Nurse Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

Copy To:

- Classroom Teacher(s)
- Guidance
- Principal
- Parent
- Other: _____

Effective Until: _____