Student Diabetic Management Skills Checklist

This form is to be completed by the Certified School Nurse (CSN) with input from the parent/guardian and the student's health care provider. The CSN must directly assess specific skills for competency if independent performance is desired. Student competency on skills will be documented below to meet standards set in Policy and Procedure (and the student's IHP or 504, if indicated).

STUDENT: DATE:	SCHOOL:	GRADE:
Diabetic Management Skill:	Requires Supervision	Performs Independently
1. Student identifies diabetes supplies needed at school and identifies where supplies will be kept.		
2. Student is able to verbalize when to seek assistance with diabetes management.		
3. Student is able to verbalize specific school staff to notify when needing assistance with diabetes management.		
4. Student is able to demonstrate appropriate calculation of carbohydrate counts for meals and snacks.		
5. Student is able to correctly calculate insulin dose based on Health Care Provider's orders for carbohydrates consumption.		
6. Student is able to correctly administer appropriate insulin dose.		
7. Student is able to correctly identify "high" and "low" blood glucose readings and identify appropriate action to take if blood glucose levels are not within normal target range.		
8. Student is able to identify when to test for the presence of ketones based on Health Care Provider's treatment orders.		
9. Student demonstrates an understanding of how to dispose of contaminated blood glucose monitoring equipment (lancets, strips, pen needle, syringes, etc.)		

Based on the assessment:

[ ] Student is not a candidate for self-management of diabetes care at this time.

Comments: _____

[ ] Student is a candidate for self-management of diabetes care with supervision.

Comments: _____

[ ] Student has successfully completed self-management of diabetes care training and demonstration of self-management. Student has by their health care provider and the CSN shown to be competent to self-manage diabetes to include: blood glucose management and medication management during school hours and at school events.

Comments: _____

CSN Approval: _____ Date: _____

Student medication/medical supplies are for personal use only. Students who have permission to carry medications or supplies for medical purposes must abide by district safety policy and procedures when on campus and buses. Violations of any conditions to carry and/or self-administer his/her own medications/supplies may result in discipline or loss of privilege to carry and self-administer medications/supplies.

Student Signature: _____ Date: _____