

Place Sticker Here MRN:

Name: DOB:

**School Plan Worksheet**

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: in 2025-2026 school year

**Fax Number for School**: ( ) - - \_\_\_ \_\_\_ \_\_\_ \_\_\_

1. What blood sugar do you treat a low blood sugar?
	1. □ under 70 □ Under 80
2. How many grams of carbs do you use to treat a low blood sugar?
	1. \_\_ \_ grams
3. Will supervision be needed?
	1. □ Full Support □ Supervision □ Independent
4. Meals or snacks:
	1. Do they dose insulin before or after eating meal or snack? □ Before □ After
5. Pre exercise Routine
	1. **Pump user:** Start activity/exercise mode/temp target before exercise □ Yes □ No
	2. Lower insulin dose from meal before activity □ Yes □ No
	3. Give uncovered carbs before (default 5-15g) □ Yes □ No
	4. I will discuss with the school nurse □ Yes □ No
6. Please select your child’s skills. If none are selected, school plan will state “no skills” and supervision will be required.

|  |  |  |  |
| --- | --- | --- | --- |
| BG monitoring □ | Carb counting □ | Giving insulin □ | Calculating dose □ |
| Treating lows □ | Treating highs □ | Replacing technology □ | No skills □ |

1. **If on shots only (N/A for pump users):**
	1. How do you determine a dose at mealtimes at school?
		1. □ Blueloop □ Dosing chart □ Calculation
	2. Above what blood sugar level should a correction dose of insulin be given at **non-meal time**? \_\_\_\_\_\_\_mg/dl