

Diabetes Plan

Participant Name _____

Date of diabetes diagnosis: _____ Type 1 Type 2

How does participant check glucose level? Independent
 Supervised
 Requires Assistance

How often does participant check glucose level? Specific time(s) of day:
 As needed for signs/symptoms of low/high glucose
 As needed for symptoms of illness

How does participant administer insulin? Independent with syringe/pen/pump
 Supervised with syringe/pen/pump
 Requires assistance

What is a low glucose level? _____

What behaviors are exhibited when glucose levels are low?

What is a high glucose level? _____

What behaviors are exhibited when glucose levels are high?

What treatment is used for a high glucose level?

What other options can be provided before insulin is administered?

Parent/Guardian Signature _____ Date _____

(Typing your name is an acceptable form of signature if submitting via email.)

