



DETERMINATION OF SELF-DIRECTED STUDENTS

Name of Student: _____ Grade: _____

Medication: _____

Dose: _____ Time: _____

Reason for Medication: _____

THIS STUDENT:

Recognizes his/her medication Comments:	YES	NO
Knows how much medication he/she takes Comments:	YES	NO
Knows what time his/her medication is needed during the school day Comments:	YES	NO
Knows why he/she takes this medication Comments:	YES	NO
Knows what happens when he/she doesn't take their medication Comments:	YES	NO
Knows how to correctly use or t his/her medication Comments:	YES	NO
Knows not to share his/her medication with others Comments:	YES	NO
Knows what to do if his/her medication does not work Comments:	YES	NO

I feel the above student does demonstrate the specified responsibilities and is Self-Directed. He/she may carry his/her medication. If the student does not follow the above, the privilege of carrying and using his/her medication will be rescinded.

(Student signature and Date)

(Registered Nurse signature and Date)

I feel the above student is not Self-Directed at this time. He/she may be evaluated at a later time after learning more about his/her medication.

(Registered Nurse signature and Date)