

**Tier II Training**  
(Review of IHP)

Required for staff receiving Diabetic Tier I & II Training  
Must be student specific

**School:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Instructor(s):** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>Name PLEASE PRINT</b>	<b>Signature</b>	<b>Name of School/System</b>	<b>Job Title/ Position</b>

By signing I confirmed that I have received a copy of the student's individual health care plan. I understand the plan of care, have no question or concerns regarding the plan and I will contact school nurse at (phone #) \_\_\_\_\_, should I have any questions.