

**Duval County Public Schools
Exceptional Education and Student Services**

DIABETIC BLOOD GLUCOSE LEVEL LOG FOR HIGH STAKES TESTING

Last Name

First Name

ID Number

School Year

School Name

Target Range for blood glucose, as indicated on the current: _____

Diabetes Medical Management Plan: _____

§504 Plan: _____

If student is not within the Target Range, as indicated above, parent authorization is required prior to the student participating in the test session.

DATE	TIME	TEST	BLOOD GLUCOSE LEVEL	ADJUSTMENT If "YES," indicate the adjustment provided	RE-CHECK If "YES," indicate Time and Blood Glucose Level	Student to Participate in Testing Session	RECORDED BY
_____	_____	<input type="radio"/> FSA/FSAA <input type="radio"/> EOC <input type="radio"/> District Test	_____	<input type="radio"/> N/A <input type="radio"/> YES:	<input type="radio"/> N/A <input type="radio"/> YES: Time: _____ Blood Glucose Level: _____	<input type="radio"/> YES, within Target Range <input type="radio"/> YES, per parent authorization, if not within Target Range: <input type="radio"/> NO, not within Target Range and unable to reach parent <input type="radio"/> NO, not within Target Range and parent does not want student to test Name: _____ Number: _____ Time: _____	Signature: _____ Additional Comments: _____
_____	_____	<input type="radio"/> FSA/FSAA <input type="radio"/> EOC <input type="radio"/> District Test	_____	<input type="radio"/> N/A <input type="radio"/> YES:	<input type="radio"/> N/A <input type="radio"/> YES: Time: _____ Blood Glucose Level: _____	<input type="radio"/> YES, within Target Range <input type="radio"/> YES, per parent authorization, if not within Target Range: <input type="radio"/> NO, not within Target Range and unable to reach parent <input type="radio"/> NO, not within Target Range and parent does not want student to test Name: _____ Number: _____ Time: _____	Signature: _____ Additional Comments: _____
_____	_____	<input type="radio"/> FSA/FSAA <input type="radio"/> EOC <input type="radio"/> District Test	_____	<input type="radio"/> N/A <input type="radio"/> YES:	<input type="radio"/> N/A <input type="radio"/> YES: Time: _____ Blood Glucose Level: _____	<input type="radio"/> YES, within Target Range <input type="radio"/> YES, per parent authorization, if not within Target Range: <input type="radio"/> NO, not within Target Range and unable to reach parent <input type="radio"/> NO, not within Target Range and parent does not want student to test Name: _____ Number: _____ Time: _____	Signature: _____ Additional Comments: _____