Duval County Public Schools
Exceptional Education and Student Services

DIABETIC BLOOD GLUCOSE LEVEL LOG FOR HIGH STAKES TESTING

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>TEST</th>
<th>BLOOD GLUCOSE LEVEL</th>
<th>ADJUSTMENT</th>
<th>RE-CHECK</th>
<th>Student to Participate in Testing Session</th>
<th>RECORDED BY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>YES, within Target Range</td>
<td>Signature:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FSA/FSA</td>
<td></td>
<td>YES:</td>
<td>N/A</td>
<td>YES, per parent authorization, if not within Target Range:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>EOC</td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>NO, not within Target Range and unable to reach parent</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>District</td>
<td></td>
<td>YES:</td>
<td>N/A</td>
<td>NO, not within Target Range and parent does not want student to test</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Test</td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Name: ____________________________________________
Number: ____________________________ Time: ________

Signature: ____________________________
Additional Comments: ____________________________

Next Date:  
Time:  
Test:  
Blood Glucose Level:  
ADJUSTMENT: YES: Time:  
Blood Glucose Level:  
Student:  
Evaluation: YES, within Target Range  
YES, per parent authorization, if not within Target Range:  
NO, not within Target Range and unable to reach parent  
NO, not within Target Range and parent does not want student to test:
Name: ____________________________________________
Number: ____________________________ Time: ________

Signature: ____________________________
Additional Comments: ____________________________

Next Date:  
Time:  
Test:  
Blood Glucose Level:  
ADJUSTMENT: YES: Time:  
Blood Glucose Level:  
Student:  
Evaluation: YES, within Target Range  
YES, per parent authorization, if not within Target Range:  
NO, not within Target Range and unable to reach parent  
NO, not within Target Range and parent does not want student to test:
Name: ____________________________________________
Number: ____________________________ Time: ________

Signature: ____________________________
Additional Comments: ____________________________

Next Date:  
Time:  
Test:  
Blood Glucose Level:  
ADJUSTMENT: YES: Time:  
Blood Glucose Level:  
Student:  
Evaluation: YES, within Target Range  
YES, per parent authorization, if not within Target Range:  
NO, not within Target Range and unable to reach parent  
NO, not within Target Range and parent does not want student to test:
Name: ____________________________________________
Number: ____________________________ Time: ________

Signature: ____________________________
Additional Comments: ____________________________

Revised 5/8/2019

Distribution: Original in Cumulative Folder
Attachment M-III