



Probes	Responsible Person/Site	Yes	No	N/A
Does the student self-carry his/her medication?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>If yes, is Form 3416F completed and on file at school?</li> </ul>	Parent/guardian, Healthcare provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>If no, is there a completed form signed by the parent/guardian to authorize school staff to administer medication at school?</li> </ul>	Parent/guardian, Healthcare provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student store medication at school?	Parent/guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>If yes, is it located in a safe, secure and accessible location?</li> </ul>	School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a daily controller medication* been prescribed?	Healthcare provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>If yes, is controller medication* available to use as ordered?</li> </ul>	Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Is the student taking the controller medication* as ordered?</li> </ul>	Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medication Administration</b>				
Does the student use correct technique when taking medication?	School nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the person administering the medication use correct technique?	School nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Monitoring and Self Management</b>				
Does the student have a written asthma action plan?	Healthcare provider, School nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>If yes, is the plan on file at school?</li> </ul>	Parent/guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>If no, has the student been referred to a healthcare provider to develop a written asthma action plan?</li> </ul>	Healthcare provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can the student identify his/her early warning signs and symptoms that indicate the onset of an asthma episode and need for quick-relief medication?	School nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can the student identify his/her asthma signs and symptoms that indicate the need for help or medical attention?	School nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Trigger Awareness and Avoidance</b>				
Have the student's asthma triggers been identified?	Healthcare provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can the student name his/her asthma triggers?	School nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can the parents/guardians list their child's asthma triggers?	Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are teachers, including physical education teachers, aware of the student's asthma triggers?	School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are asthma triggers removed or adequately managed?	Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Controller medications include inhaled corticosteroids (ICS), leukotriene receptor antagonists (LTRA), or combination medicine (long-acting beta<sub>2</sub>-agonists and ICS), cromolyn, or theophylline.

Recommendations for student and parent(s)/guardian(s): \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_

This assessment tool is based on the "Is the Asthma Action Plan Working?" assessment tool developed by the National Asthma Education and Prevention Program. The original version is available at: [http://www.nhlbi.nih.gov/health/health-topics/topics/asthma/asthma\\_act\\_plan\\_frm.pdf](http://www.nhlbi.nih.gov/health/health-topics/topics/asthma/asthma_act_plan_frm.pdf).