

**___ SCHOOL DISTRICT
HEALTH SERVICES REPORT 20 - 20**

SCHOOL _____ **Nurse** _____

.FTE = _____ **DAYS OF SERVICE/WEEK**

_____ **Number of Students** _____ **Number of School Sites** _____ **Number of Staff**

DIRECT NURSING SERVICES

• **Mandated Screening**

Hearing	Vision	Color Vision	Scoliosis-SUSPENDED Mandate
Screened _____	Screened _____	Screened _____	Screened _____
Referred _____	Re-screened _____	Deficiency _____	Referred _____
Under Care _____	Referred _____		Under Care _____
	Under Care _____		
	Financial Assistance _____		

- **Health Assessments** _____ **Medical Referrals** _____ **Mental Health Referrals** _____
- **Consultations, Follow-up, Medical updates** _____
Encounters _____ **Student numbers** _____
- **Communicable Disease Prevention/Control**
 Head Lice Checks: Class _____ Individual _____ Exclusions _____
 Other Communicable Disease Assessments _____ Exclusions _____
 Immunization Records Audited _____ Referrals _____ Exclusions _____
PBE/Waivers
- **First Aid** _____
- **Home Visits** _____
- **Health Problems Identified** _____ (**See attached list for specific conditions**)
 Emergency Response Procedures and Health Care Plans _____
 Staff Trainings _____
 Students requiring on-going school management _____
 Specialized Physical Health Care Procedures _____
- **Monitoring Medication Administration**
 Students requiring daily medication _____ "As needed" medication _____
- **Case Management** _____
- **Student Study Team: Meetings Attended** _____ **Reports** _____
- **504 Accommodation Plans** _____

SPECIAL EDUCATION SERVICES

- **Student Health Assessments / Reports** _____
- **I.E.P. Team Meetings Attended** _____

COORDINATION / COMMUNITY LIAISON SERVICES

- Policy Development _____
- Parent Contacts _____
- CPS Reports _____
- Referral to Community Resources _____
- SARB/SART meetings attended _____

HEALTH EDUCATION AND HEALTH COUNSELING

- Staff member _____
- Staff In-service _____
- Individual student _____
- Classroom _____

WRITTEN PROCEDURES

- CHDP Audits and Reports _____
- Immunization Reports _____
- Documentation – Student Health Records _____
- Hearing _____
- Scoliosis _____
- Dental Report _____
- Mandated Cost Activities Report _____

ADDITIONAL SCHOOL NURSE ACTIVITIES

Activities of Unlicensed Personnel _____

Specialized Physical Health Care Procedures and Medications _____

Insulin Dependent Diabetes _____

Self care _____ Nurse assistance _____

- (1) reviewing charts for students with health needs and subsequent follow up
- (2) Includes all students seen by health aides and secretaries per log in sheet
- (3) Includes specialized physical health care procedures and Medication administration