___SCHOOL DISTRICT HEALTH SERVICES REPORT 20 - 20

			Nur	rse	
.F	TE =	DAYS OF S	SERVICE/V	WEEK	
]	Number of	umber of StudentsNumber of School Sites _			Number of Staff
	SING SER\ ated Scree				
<u>Hearing</u>		<u>Vision</u>		<u>Color Vision</u>	Scoliosis-SUSPENDED Mandate
Screene	d	Screened		Screened	Screened
Referred	l	Re-screened		Deficiency	Referred
Under C	are	Referred _			Under Care
		Under Care			
		Financial Assi	istance		
•	Commur Head Lice Other Co	nicable Diseas e Checks: Clas mmunicable Di	se Preventions Individual	on/Control vidual ssments	Exclusions
•	Commur Head Lice Other Co Immuniza PBE/Wair	nicable Diseas e Checks: Clas mmunicable Di ation Records A vers	Stuse PreventionsIndivisease Asses	on/Control vidual ssments	Exclusions Exclusions Exclusions
•	Commun Head Lice Other Co Immuniza PBE/Wain First Aid Home Vi	nicable Diseas e Checks: Clas mmunicable Di ation Records A vers sits	Stu se Preventic ssIndiv isease Asses Audited I	dent numbers on/Control vidual ssments Referrals	Exclusions Exclusions
•	Commur Head Lice Other Co Immuniza PBE/Wair First Aid Home Vi Health P Emergen Staff Trai Students	nicable Diseas e Checks: Clas mmunicable Di ation Records A vers sits roblems Ident cy Response P nings	Stu se Preventions Individual Ind	dent numbers on/Control vidual ssments Referrals ee attached list and Health Care F	Exclusions Exclusions for specific conditions)
•	Commur Head Lice Other Co Immuniza PBE/Wair First Aid Home Vi Health P Emergen Staff Trai Students Specialize	nicable Diseas e Checks: Clas mmunicable Di ation Records A vers sits roblems Ident cy Response P nings requiring on-go	Stu se Preventions Individual Ind	dent numbers on/Control vidual ssments Referrals de attached list and Health Care F	Exclusions Exclusions for specific conditions)
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•	Commun Head Lico Other Co Immuniza PBE/Wair First Aid Home Vi Health P Emergen Staff Trai Students Specialize Monitoria Students Case Ma Student	roblems Ident cy Response P nings requiring on-go ed Physical He ng Medication requiring daily nagement Study Team:	Stu se Preventions Individual Ind	dent numbers on/Control vidual ssments Referrals and Health Care F management occedures dition "As needed"	Exclusions Exclusions for specific conditions) Plans medication
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COORDINATIO	ION / COMMUNITY LIAISON SERVICES					
•	Policy Development					
•	Parent Contacts					
•	CPS Reports					
•	Referral to Community Resources					
•	SARB/SART meetings attended					
HEALTH EDU	JCATION AND HEALTH COUNSELING					
•	Staff member					
•	Staff In-service					
•	Individual student					
•	Classroom					
WRITTEN PRO	OCEDURES					
•	CHDP Audits and Reports					
•	Immunization Reports					
•	Documentation – Student Health Records					
•	Hearing					
•	Scoliosis					
•	Dental Report					
•	Mandated Cost Activities Report					
ADDITIONAL S	SCHOOL NURSE ACTIVITIES					
Activities of U	Unlicensed Personnel					
Specialized Pl	Physical Health Care Procedures and Medications					
Insulin Depen	ndent Diabetes	_				
Self ca	eare Nurse assistance					
(1) review	wing charts for students with health needs and subs	equent 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						