

School Nursing Data Collection Form

Please use data collected from the last school year (August 2018 to June 2019) to answer the following questions.

1. School District: _____

2. Type of School (choose all that apply):

Elementary

Junior/Middle

Senior/High

3. Number of students in your school: _____

4. Number of students on free or reduced lunches: _____

5. What system do you use to collect health related data? _____
(Examples: Synergy, other electronic system, paper).

6. Is it known how many students in the school have the following chronic health conditions? If so, please include the number of each.

Asthma: _____ (number)

Diabetes: _____ (number)

Life-threatening Allergies (i.e. an allergy resulting in one of the following reactions: low blood pressure/hypotension, constriction of airways/swelling of tongue/wheezing/trouble breathing, dizziness/fainting): _____ (number)

Seizure disorders: _____ (number)

Medically diagnosed ADD/ADHD: _____ (number)

7. In your school, is there a (choose all that apply):

Registered Nurse (RN)?

Licensed Practical Nurse (LPN)?

Health Aid or Unlicensed Assistive Personnel (UAP)?

Certified Nursing Assistant (CNA)/ Medical Assistant (MA)?

b. If there is a Registered Nurse:

- Are they _____ ?
- How many school buildings does the school nurse cover? _____ (number)

c. Who does the school nurse report to? _____ (Individual's Title Only)

8. Who dispenses the medications in your school? (choose all that apply)

School Nurse that is a Registered Nurse

School Nurse that is a LPN

School Nurse that is a Health Aid/Medical Assistant/Certified Nursing Assistant

Parent/Volunteer

Administrative Staff/ Unlicensed Assistive Personnel (UAP)

Teacher/Principal

Other, please specify: _____ (Individual's Title Only)

9. If students are ill/injured during school, who assesses the student and decides to keep them in class, send them home, or call an ambulance? (choose all that apply)

School Nurse that is a Registered Nurse

School Nurse that is a LPN

School Nurse that is a Health Aid/Medical Assistant/Certified Nursing Assistant

Parent/Volunteer

Administrative Staff

Teacher/Principal

Other, please specify: _____ (Individual's Title Only)

10. How many times in the last academic school year was 9-1-1 called? _____ (number)

11. Total number of student sick days in the last academic school year: _____ (number)

12. Number of students with "chronic absenteeism" (defined as missing 15 days or more of the school year for any reason): _____ (#)

13. What is your school's:

a. Vaccination coverage rate? _____%

b. Vaccination exemption rate? _____%

14. Does your school bill Medicaid for:

a. Activities of daily living?

b. Medical Procedures?

15. Are there any perceived barriers to students receiving health care services during the school day at your school?

. If yes, please briefly describe:

(examples: cost, coverage, time, technology limitations, language barrier, access, etc)

16. Credentials of the individual filling out this form: _____

17. Optional section for any further comments or feedback:

Please send this survey back via email at:

SNdataresearch@gmail.com

If you have any questions or concerns regarding the survey,
please email Laura Winkleblack at:

SNdataresearch@gmail.com

