

School Health Annual Report Worksheet 2025-2026

SAU Information

- 1 School Administrative Unit
- 2 Contact information of person completing the form
- 3 School Health Advisor name and email

School Based Health Centers

- 4 Do you have SBHC
- 5 Grade levels served by the SBHC
- 6 Do you partner with a health center or healthcare organization for your SBHC
Type of organization you partner with:
(Hospital System, Federally Qualified Health Center (FQHC), Community Health Center)
- 7 Services provided through your SBHC.
Do not include services that are provided through the health office that is staffed by the school nurse
- 8 Are any of the services provided through your SBHC provided through telehealth
- 9 Hours per week is the SBHC open to students
- 10 Does the SBHC provide services to staff

School Located Vaccine Clinics (new question in 25-26)

- 11 Did your school administrative unit host any school located vaccine clinics during this school year
(do not include individual vaccines that may have been provided through a SBHC)
- 12 Which vaccines did you provide?
- 13 Do you partner with a health center or healthcare organization for your SLVC?
Type of organization you partner with
(Public health nursing, Hospital System, Federally Qualified Health Center (FQHC), Community Health Ctr)

Vision Screenings

- 14 Have those who are responsible for administering the vision screening program participated in
evidence-based screening training or professional learning in the past three years
- 15 Visual Screening Completed- Total number of students screened
- 16 Number of referrals made for further evaluation due to vision screening concerns.
- 17 Referral Outcome Of the referrals made, indicate the number for each category
Referral completed indicating normal eye function

Referral completed and treatment was recommended (prescription glasses, eye patching, etc.)

Referral outcome unknown, lost to follow up

Hearing Screenings

18 Have those who are responsible administering the hearing screening program participated in evidence-based screening training or professional learning in the past three years

19 Hearing screening completed. Total number of students screened

20 Number of referrals made for further evaluation due to hearing screening concerns.

21 Referral Outcome Of the hearing referrals made, indicate the number for each category

Referral completed indicating normal ear function

Referral completed and permanent hearing loss identified

Referral completed and temporary hearing loss or other temporary problem identified

Referral outcome unknown, lost to follow up

Universal Behavioral Health Screening

22 Does your school administrative unit conduct universal behavioral health screenings for students?

23 How many students were screened?

24 How many students were referred for additional support, based on the universal screening?

Medication Administration

25 Does your district have a written protocol for medication errors

26 Total number of students that have regularly scheduled medication at school

27 Total number of students that have prn (as needed) medication at school prescribed to them

(e.g., albuterol, epinephrine, Diastat, or any other prescription medication that is not regularly scheduled)

28 Does the district have a collaborative practice agreement that allows unlicensed staff to administer **epinephrine** after completing training to a student with a previously unknown allergy suffering from anaphylaxis

29 Please enter the total numbers for the school year of epinephrine administrations:

To students

To staff

To visitor

30 How many doses were administered to someone with:

Known allergy diagnosis

Unknown diagnosis

- 31 Does the district have a policy for naloxone (or other opioid antagonist) administration in case of opioid overdose?
- 32 Does the district have a collaborative practice agreement that allows unlicensed staff to administer **naloxone** after completing training to a person suspected of experiencing opioid overdose?
- 33 Where is naloxone stored in your school building(s)?
- Health Office
 - Public area in elementary school
 - Public area in middle school
 - Public area in high school
 - Other
- 34 Enter the total number of naloxone administrations for the 25-26 school year
- To students
 - To staff
 - To visitor
- 35 Was training on the administration of naloxone hydrochloride nasal spray or other FDA approved overdose prevention nasal spray offered to students within your SAU during this school year in accordance with Chapter 41?

Staffing

- 36 Number of Full-time Equivalent (FTE) Registered Nurses in the district providing direct services in the health office
- 37 If your district does not directly employ a full-time registered nurse (i.e. you entered a number less than 1 for the previous question) describe how essential/required school health services are delivered in your school district. For reference, a list of essential services as defined in statute is provided below:
1. Supervision and coordination of health services and health-related activities required by the statute.
 2. Vision and hearing screenings, as required by Chapter 45
 3. Medication coordination, training, and supervision, as required by Chapter 40
 4. Immunization record keeping and reporting, as required by Chapter 126
 5. Meeting the individual health and medical needs of students so they can access their education
- 38 Number of FTE Licensed Practical Nurses (LPNs) in the district providing direct services in the health office (not special assignment or private duty):
- 39 Number of FTE Health Aides or Unlicensed School Personnel in the district providing services in the health office (not special assignment or private duty):
- 40 Number of FTE Registered Nurses in the district with special assignments, such as working with a limited caseload

providing direct services to one or group of medically fragile students

41 Number of FTE Licensed Practicing Nurse (LPN) in the district with special assignments, such as working with a limited caseload providing direct services to one or group of medically fragile students

43 Number of FTE Health Aides or Unlicensed School Personnel in the district with special assignments, such as working with a limited caseload providing direct services to one or group of medically fragile students

42 Total number of **RN FTEs** providing administrative or supervisory school health services

43 Total number of **LPN FTEs** providing administrative or supervisory school health services

44 Total number of Assistant FTEs providing administrative support services to RNs or LPNs

45 Total number of **supplemental/float RN FTEs**

46 Total number of **supplemental/float LPN FTE**

47 Total number of **supplemental/float Health Aid (non-RN, non-LPN) FTEs**

48 Number of health services staff serving your student population, who hold a certification/degree at the level of education indicated. For each staff record only the single highest degree related to their health care role with the school district

Doctorate in nursing

Doctorate in another field

Master of nursing

Master of education

Master of public health

Master of another field

Bachelor of nursing

Bachelor of another field

Associate of nursing

Associate of another field

Diploma of nursing

Technical/program certificate

49 For school nurses (RNs) serving your student population, please indicate the number who have each of the following non-degree credential

National Certification as a School Nurse (NCSN)

State-specific School Nurse credentials issued by state DOE (e.g., 524 Endorsement)

National Nurse Practitioner Certification

Other (please specify)

Chronic Conditions

50 Enter the number of students in the district with a diagnosis from a health care provider

Asthma

Type 1 Diabetes

Type 2 Diabetes

Seizure Disorder

Life Threatening Allergy

Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS)

51 Total number of students with one or more of the diagnoses above. (For example, one student may have a diagnosis of asthma and diabetes. For this question, count that student once)

52 What are the most common chronic conditions the school nurse is managing that are not represented in this section (For this question, a written diagnosis from a healthcare provider is not necessary)?

53 Number of students who have an individualized health plan created by a registered nurse (this would include emergency action plans and allergy action plans. Do not double count students if they have more than one plan.)

Concussions

54 Number of concussions diagnosed by a provider

55 Of the students diagnosed with a concussion, how many concussions were injuries resulting from (the total must equal the total number of concussions diagnosed, from previous question)

Participation in an organized athletic event

Participation in routine daily activities or play

Unknown cause

Health Office Visits

56 Did the district collect information about Health Office visits and ending dispositions (returned to class, sent home, or called 911)?

57 Please enter the number of health office visits resulting in student **returning to class or staying in school**:

Seen face to face by RN

Seen face to face by LPN

Seen face to face by Health Aide :

58 Please enter the number of health office visits resulting in student **being sent home**

Seen face to face by RN

Seen face to face by LPN

Seen face to face by Health Aide

59 Please enter the number of health office visits resulting in a **911 call** and transport

Seen face to face by RN

Seen face to face by LPN

Seen face to face by Health Aide