

School Health Annual Report Worksheet 2026-2027

SAU Information

- 1 School Administrative Unit
- 2 Contact information of person completing the form

REQUIRED STATE REPORTING

Vision Screenings

- 3 Have those who are responsible for administrating the vision screening program participated in evidence-based screening training or professional learning in the past three years
- 4 Visual Screening Completed- Total number of students screened
- 5 Number of referrals made for further evaluation due to vision screening concerns.
- 6 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

- 7 Have those who are responsible administering the hearing screening program participated in evidence-based screening training or professional learning in the past three years
- 8 Hearing screening completed. Total number of students screened
- 9 Number of referrals made for further evaluation due to hearing screening concerns.
- 10 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

- 11 Does your school administrative unit conduct universal behavioral health screenings for students?
- 12 How many students were screened?
- 13 How many students were referred for additional support, based on the universal screening?

Medication Administration

- 14 Does your SAU have a written protocol for medication errors
- 15 Total number of students that have regularly scheduled medication at school
- 16 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 given that is not regularly scheduled)

Epinephrine

- 17 Does the SAU 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
- 18 enter the total numbers of epinephrine administrations for the 26-27 school year:
- To students
 - To staff
 - To visitor
- 19 How many doses were administered to someone with:
- Known allergy diagnosis
 - Unknown diagnosis

Opioid Overdose Antagonist (Naloxone)

- 20 Does the SAU have a policy for naloxone (or other opioid antagonist) administration in case of opioid overdose?
- 21 Does the SAU have a collaborative practice agreement that allows unlicensed staff to administer naloxone
after completing training to a person suspected of experiencing opioid overdose?
- 22 Enter the total number of naloxone administrations for the 26-27 school year
- To students
 - To staff
 - To visitor
- 23 Was training on the administration of naloxone hydrochloride nasal spray or other FDA approved overdose prevention
nasal spray offered to students within your school administrative unit during this school year in accordance
with Chapter 41, Offering Instruction Related to Life-Saving Procedures in Maine Public Schools

Albuterol

- 24 Does the SAU have a standing order and protocol for stock albuterol?

School Health Program Information

School Located Vaccine Clinics

- 25 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)

26 Which vaccines did you provide?

27 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 Center)

School Based Health Centers

28 Do you have SBHC

29 Grade levels served by the SBHC

30 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)

31 Services provided through your SBHC.

Do not include services that are provided through the health office that is staffed by the school nurse

32 Are any of the services provided through your SBHC provided through telehealth

33 Hours per week is the SBHC open to students

34 Does the SBHC provide services to staff

Childcare Health Consulting

35 Do any of the registered nurses in your SAU also serve as a CCHC

for area childcare facilities (separate from their role as a school nurse)?

36 If yes, how many individual RNs

Optional Health Data

Chronic Conditions

37 Enter the number of students in the SAU 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)

Mental health diagnosis (anxiety, depression, etc.)

38 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

39 Number of concussions diagnosed by a provider

40 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

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

42 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 :

43 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

44 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