

2025 School Annual Health Annual Report Survey Worksheet

Q1

Select your school administrative unit/district

District [DROP DOWN MENU]

Q2

In case we need to contact you after submission please provide your contact information.

Person Completing Form _____

Title _____

Phone number _____

Email address _____

SCHOOL BASED HEALTH CENTERS

Definition: School Based Health Center means a clinical site located within a school building, which provides routine Medical Services and Behavioral Health Services to the student body of a school.

Q3

Do you have a school-based health center? YES/NO

SKIP THESE QUESTIONS IF NO

Q4

Grade levels served by SBHC:

- a. Elementary
- b. Middle School
- c. High School

Q5

Do you partner with a health center for your SBHC? YES/NO

Q6

If you partner with a health center, please select the best match:

- a. Hospital System (Northern Light, Maine Health, Maine General)
- b. Federally Qualified Health Center (FQHC)
- c. Community Health Center
- d. Other: _____

Q7

Please select the services provided through your SBHC: (Do not include services that are provided through the health office (staffed by the school nurse and others))

- a. Medical Services with a Medical Provider (MD, FNP, PA)
- b. Behavioral Health Services (LCSW)
- c. Dental Services (Sealants, Hygiene, etc.)
- d. Seasonal Flu Shot Clinic
- e. Immunization Clinic
- f. Laboratory Services (bloodwork)
- g. Reproductive Health Services
- h. Other, Please Explain: _____

Q8

Are any of these services provided through telehealth? YES/NO

Q9

How many hours a week is the SBHC open to students?

- a. 8-16 hours
- b. 17-24 hours
- c. 25-40 hours

Q10

Does the SBHC provide services to staff members? YES/NO

VISION SCREENINGS

Q11

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? YES/NO

Q12

Visual Acuity Screening- TOTAL Number of students screened

Definition: Number of students screened in accordance with Chapter 45.

TOTAL NUMBER, ALL GRADES: _____

Q13

Number of referrals made for further evaluation due to vision screening concerns:

Definition: Include the number of students referred for further evaluation based on the results

of screening.

TOTAL NUMBER, ALL GRADES: _____

Q14

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

Q15

Have those who are responsible administering the hearing screening program participated in evidence-based screening training or professional learning in the past three years? YES/NO

Q16

Total number of students screened:

Definition: *Number of students screened in accordance with Chapter 45*

TOTAL NUMBER, ALL GRADES: _____

Q17

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

Definition: *Include the number of students referred for further evaluation based on the results of screening.*

TOTAL NUMBER, ALL GRADES: _____

Q18

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 _____

Q19

Definition: Universal behavioral health screening means- A consistent process of valid, reliable, and age- appropriate screening for behavioral, or social/emotional needs.

Does your school administrative unit conduct universal behavioral health screenings for students? YES/NO

Q20

How many students were screened?

Q21

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

MEDICATION ADMINISTRATION

Q22

Does your district have a written protocol for medication errors? YES/NO

Q23

Total number of students that have regularly scheduled medication at school

TOTAL NUMBER, ALL GRADES: _____

Q24

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)

TOTAL NUMBER, ALL GRADES: _____

Q25

Does the school administrative unit 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? YES/NO

Q26

Please enter the total numbers for the school year (2024-2025) of epinephrine administrations:

To students: _____

To staff: _____

To visitor: _____

Total: _____

Q27

How many doses were administered to someone with:

Known allergy diagnosis: _____

Unknown diagnosis: _____

Q28

Does the district have a policy for Naloxone (Narcan or other opioid antagonist) administration in case of opioid overdose? YES/NO

Q29

Where is naloxone (Narcan) stored in your school buildings? (check all that apply)

_____ Health office

_____ Public area in elementary school

_____ Public area in middle school

_____ Public area in high school

_____ School resource officer

Q30

Does the school administrative unit have a collaborative practice agreement that allows trained unlicensed staff to administer naloxone (Narcan or other opioid antagonist) to a person suspected of experiencing opioid overdose? YES/NO

Q31

Enter the total number of naloxone administrations for the 2024-2025 school year:

To students: _____

To staff: _____

To visitor: _____

Q32

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? YES/NO

CONCUSSIONS

Q33

Total Number of concussions _____

Of these, how many were due to an injury during an organized athletic event?

Of these, how many were during routine daily living/play?

SCHOOL HEALTH ADVISOR

Q34

Enter the name and email of your school health advisor/school physician. _____

ADDITIONAL REPORTING SECTION

Health Office Staff

*A full-time equivalent (FTE) is based on a teacher FTE. Please do **not double count any person**. One FTE may provide services at more than one school within your school system, this person is only counted once.*

Q35

Number of Full-time Equivalent (FTE) in the district providing **direct services** in the health office:

Definition: *Direct services means responsible for the care of defined group of students in addressing their acute and chronic health conditions. It includes health screenings, health promotion and case management. Include long term substitute (but not the substitute RN list for short term needs) and exclude nurses working with medically fragile students. For health aides (unlicensed assistive personnel) this number should reflect only those whose main assignment is health related. Exclude secretaries, teachers or principals who only address health issues at times. You may include FTE of secretary or other aides IF it is included as a specific part of their responsibility (i.e. cover health office regularly).*

RN Direct Services FTE: _____

LPN Direct Services FTE: _____

HEALTH AIDE Direct Services FTE: _____

Q36

Number of FTE in the district with **special assignments**, such as working with a limited caseload providing direct services to one or group of medically fragile students:

Definition: Include RNs, LPNs, Health Aides working with a limited caseload providing direct services such as medically fragile students.

RN Special Assignment FTE: _____

LPN Special Assignment: _____

HEALTH AIDE Special Assignment: _____

Q37

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

Definition: RN's providing management/clinical supervision to RNs, LPNs, or other health aids or conducting other administrative health services, e.g. case management. Do not double count any person. This count is in addition to any other staff already counted in previous questions.

RN Supervisor/Administrative: _____

LPN Supervisor/Administrative: _____

HEALTH AIDE Supervisor/Administrative: _____

Q38

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: _____

High school diploma/GED: _____

Other (please specify): _____

Total number of health services staff: _____

Q39

For professional registered nurses (school nurses) serving your student population, please indicate the number who have each of the following non-degree credentials:

National Certification as a School Nurse (NCSN): _____

State-specific School Nurse credentials issued by state DOE: _____

National Nurse Practitioner Certification: _____

Other (please specify): _____

Total number of professional registered nurses: _____

Chronic Conditions

Q40

Enter the number of students in the district with a diagnosis from a health care provider:
Include only those 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): _____

Total number of students with one or more of these diagnoses: _____

Q41

What are the most common chronic conditions you are managing that are not represented in Q41 (For this question, a written diagnosis from a healthcare provider is not necessary)?

Health Office Visits

Q42

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

Yes/No [IF NO, Skip to End]

Q43

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: _____

Total: _____

Q44

Number of health office visits resulting in student being sent home:

Include students sent home with recommendations to see a health care provider.

Seen face to face by RN: _____

Seen face to face by LPN: _____

Seen face to face by Health Aide: _____

Total: _____

Q45

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: _____

Total: _____