

STATE OF MAINE
SCHOOL HEALTH SCREENING REPORT (PART I)

School Year: _____

Use this reporting form only IF YOU ARE NOT REPORTING ELECTRONICALLY through the Web based reporting system.

The School Health Screening Report is to be completed by June 30th of each year. The completed form is to be submitted to the Department of Education and a copy retained for school records. See Instructions for definitions and reporting process.

School Administrative Unit: _____
(Give the official designation such as Portland, SAD #1, Union #44, CSD #9)

County: _____
(Please give the county in which the school is located. If more than one county, use the one where the Superintendent's Office is located.)

School Name: _____

Name: _____
Title: _____ **Phone #:** _____
E-mail: _____

	VISION	HEARING	SPINAL			
1. GRADE: [] []						
2. Enrollment				Distance	Near	Muscle
3. Number screened						
4. Referable findings						
5. Seen by health care professional, findings are <i>not</i> confirmed						
6. Seen by health care professional, findings are confirmed						
7. Referred to parent, but the result of the referral has not been reported back to the school						

	VISION	HEARING	SPINAL			
1. GRADE: [] []						
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	VISION	HEARING	SPINAL			
1. GRADE: [] []						
2. Enrollment				Distance	Near	Muscle
3. Number screened						
4. Referable findings						
5. Seen by health care professional, findings are <i>not</i> confirmed						
6. Seen by health care professional, findings are confirmed						
7. Referred to parent, but the result of the referral has not been reported back to the school						

Date: _____ **Send completed form(s), by JUNE 30th, to:** Nancy Dube, School Nurse Consultant
 Department of Education
 23 State House Station

Augusta, Maine 04333-0023
(207) 624-6688 *
nancy.dube@maine.gov

STATE OF MAINE

SCHOOL HEALTH SCREENING REPORT (PART I) - INSTRUCTIONS

Following is the directions for completion of the screening report:

1. **School** Complete a separate form for each school where screening occurred. Make copies of this form as needed.
2. **Grade:** Complete a separate section for each grade in which screening was done. Use K or Grade #. Copy the form if reporting on more than 3 grades.
3. **Enrollment:** The number of students in a grade.
4. **Number Screened:** The number of students who were screened for vision, hearing and spinal.
5. **Referable Findings:** The number of students for whom the screening results were outside of normal limits and who need referral to parent/guardian for a follow-up by a health care professional appropriate for the specific screening. This may include students who have been referred previously, e.g. children with glasses. (Those screened within normal limits will not be included here.)

At the time that this data report is due, each student with a referable finding is included in one of the following categories (6 – 8). **The totals of number of students in category's 6 - 8 should equal the number reported in "5. Referable Findings".**

6. ***Seen by health care professional, problem not confirmed:***

Students were seen by their health care provider and found to be within normal limits.

7. ***Seen by a health care professional, problem confirmed:***

Students were seen by their health care provider and found to have a problem.

8. ***Referred to parent, but result of referral has not been reported back to the school:***

Example: Student may have an appointment but not yet seen, may have been seen and the report not returned to the school, or the parents may have taken no action.