Los Angeles County Office of Education

SCHOOL HEALTH SERVICES
YEAR END REPORT
2018-2019 School Year
Due by June 28, 2019

School District ______________________________               Completed by _____________________

DISTRICT DEMOGRAPHIC DATA

1. Total # of schools: ____________

2. Total # of students: ____________ (Use October CBED Data)

3. Total # of Credentialed School Nurses: FTE ________ (Do not include administrative position)

4. Coordinating/Lead Nurse:

   Has a school assignment _____     Administrative position only _____

5. Total # of non-credentialed nurses working as nurses in the district:

   RN FTEs ________     LVN FTEs _______

6. Total # of Health Office Aides:     Full Time _______   Part Time _______

7. District School-based Health Clinic?   Yes_____     No _____   Total # Clinics ________

8. District Immunization Program?   Yes_____     No _____

STUDENT HEALTH DATA

1. Health Conditions / Diagnoses: (indicate the # of students with each)

<table>
<thead>
<tr>
<th>Asthma</th>
<th>Diabetes Type 1</th>
<th>Diabetes Type 2</th>
<th>Seizure Disorder</th>
<th>Life Threatening Allergy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Types of Specialized Physical Health Care Services (SPHCS) being provided at school: *(indicate the # of students)*

<table>
<thead>
<tr>
<th>G-tube</th>
<th>Ventilator</th>
<th>Tracheostomy</th>
<th>Suctioning</th>
<th>Nebulizer</th>
<th>Oxygen</th>
<th>Catheter</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PICC &amp; Central Line</th>
<th>VNS</th>
<th>Toileting</th>
<th>Other</th>
<th>Other</th>
<th>Other</th>
<th>Other</th>
</tr>
</thead>
</table>

**DIRECT SCHOOL NURSING SERVICES**

1. # of Students screened:

<table>
<thead>
<tr>
<th></th>
<th>Hearing</th>
<th>Vision</th>
<th>Color Vision</th>
<th>Scoliosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screened</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referred</td>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Received Care</td>
<td></td>
<td></td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

2. Mandated Screening completed by:

___ School Nurse
___ Contracted Agency *(agency)* ____________________________________________________________________
___ Combination of School Nurse and Agency *(agency)* ____________________________________________________________________
___ Other *(explain)* ____________________________________________________________________

**HEALTH OFFICE SERVICES**

1. Total # Health Office visits: __________

2. Total # of medication doses given: __________

*Please complete and submit by email or mail by June 28, 2019 to:

Susan Chaides, Project Director III
Los Angeles County Office of Education
Student Support Services, ECW 384
9300 Imperial Hwy, Downey, CA 90242
Email: chss@lacoe.edu
Phone: 562-922-6377*
Instructions

1. Complete entire survey
   a. Make sure everything is filled out
   b. Do not leave any blanks
   c. If there is none or zero, input 0

2. # of health office visits
   a. Specify the total number of students that visited the health office
   b. This includes the number of students that office clerks or health aides assist in the health office, not just the students seen by the nurse