

INSTRUCTIONS FOR COMPLETING THE [insert school year] SCHOOL HEALTH REPORT

STEP ONE: Collecting Data

There are three areas that are included in the School Health Report: vision screening, hearing screening, and immunization verification. The School Health Report is required for all schools (both public and private) that are accredited in the State of Indiana.

1. Vision Screening (IC 20-34-3-12)
 - a. Testing of Visual Acuity
 - i. Requires testing of near and far vision
 - ii. Required for the students enrolled or transferring into:
 - a. Either kindergarten or grade 1
 - b. Grade 3
 - c. Grade 5
 - d. Grade 8
 - e. Any student suspected of having a visual defect
 - iii. School administrators may assign the best qualified person in the school system or school health services to supervise the eye screening tests
 - b. Testing using the Modified Clinical Technique
 - i. Required for students in either kindergarten or grade 1
 - ii. Must be performed by an ophthalmologist or an optometrist
 - iii. Schools unable to locate an ophthalmologist or an optometrist to assist with this requirement may, before November 1, request a waiver from the Indiana Department of Education.
2. Hearing Screening (IC 20-34-3-14)
 - a. Required for:
 - i. Students enrolled in:
 1. Grade 1
 2. Grade 4
 3. Grade 7
 4. Grade 10
 - ii. A student who has transferred into the school corporation
 - iii. A student suspected of having a hearing defect
 - b. Can be completed by technicians and assistants appointed by the school corporation
3. Immunization Verification (IC 20-34-4-5)
 - a. Required for every child enrolled at an accredited Indiana school
 - b. Each school shall keep an immunization record of the school's students
 - c. Requirements are determined by the Indiana State Department of Health
 - i. Students may attend school if any one of the following circumstances apply:
 - ii. Student has all of the required immunizations
 - iii. Student has a medical exemption on file with the school
 - iv. Student has a religious objection on file with the school
 - v. Parent of the student has furnished a written statement and a schedule, approved by a health provider or the local health department, for the completion of the remainder of the immunizations

Note – Documents regarding school immunization requirements can be found on the Indiana Department of Health website: in.gov/isdh by searching school immunizations and clicking the link for ISDH: School Nurses.

STEP TWO: Completing the School Health Report

Once a school has collected the data required for this report, it should designate a person to complete and submit the report.

Please type in the Corporation Name and School Name (which in the case of charter schools is the same), your name, title, phone number (must include area code, be 10 numbers long and no dashes) and e-mail address.

All schools must complete the MCT question, even if you do not have students in grades K or 1. Please choose the response that best reflects your status regarding the MCT screening process. If you do not have students in grades K or 1, choose that response. If you have students in grades K or 1, and you do not have a waiver from the IDOE for the MCT screening, you must enter the number of students tested in that grade level into the box next to Kindergarten or 1st grade.

Notes Regarding the Chart:

- You will only need to complete the chart for those columns that apply to your school. If you do not have students in a particular grade level, please type a “0” in these columns of the chart.
- **Line A (# Total Students)** – enter the total number of students per grade in your building (number of students currently enrolled at the time you complete your report).
- **Line B (# Vision Tested)** – enter the total number of students per grade level that you screened for near and far vision (include all students that your school conducted a vision screening on, even if the student has since left the school).
- **Line C (# Passed Vision)** – enter the total number of students per grade level that passed the vision screening.
- **Line D (# Failed Vision)** – enter the total number of students per grade level that failed any part of the vision screening. For grades K or 1 this would include those students that failed either the near and far vision screening or those that failed the MCT screening. A failure on any part of the vision screening would constitute a referral to a health care provider. For students in grades 3, 5 and 8 a failure would include those that failed either the near or far vision screening. This line would be the total number of students that you referred to an eye professional for further evaluation.
- **Line E (# Borderline Vision)** – enter the total number of students per grade level that you did not refer, but that did not pass the vision screening (for example students you plan to rescreen or students with glasses). This category is for those students you are just not sure about (ones you plan to watch, ones who might have misunderstood the directions, or ones you plan to rescreen). Note - schools may not have any students that they consider borderline.
- **Line F (# Hearing Tested)** – enter the total number of students per grade level that you screened for hearing (include all students that your school conducted a hearing screening on, even if the student has since left the school).
- **Line G (# Passed Hearing)** – enter the total number of students per grade level that passed the hearing screening.
- **Line H (# Failed Hearing)** – enter the total number of students per grade level that failed the hearing screening and were referred to a health care provider.
- **Line I (# Completed Immunizations)** – enter the total number of students per grade level, who are currently enrolled in your building, that have the required immunizations per the Indiana State Department of Health’s Immunization Requirements.

- **Line J (# In-Process Immunizations)** – enter the total number of students per grade level who have a written statement and a schedule, approved by a health care provider or the local health department, for the completion of the remainder of the required immunizations. Included in this section would be any students that do not fit into any of the other three categories of complete, religious objection or medical (*i.e.*, those that are non-compliant, those that do not meet the required time interval between immunizations, and those that are in the process of obtaining the required immunizations at a future date).
- **Line K (# Religious Objections)** – enter the total number of students per grade level who have any immunizations for which the student has a written religious objection on file at the school. Included in this section would be any students who have even one immunization for which a religious objection has been filed (*i.e.*, student has all of the immunizations required for grades K-5, but has a religious objection on file for those required for grade 6).
- **Line L (# Medical Exemptions)** – enter the total number of students per grade level who have a written medical exemption on file at the school. Included in this section would be any students who have even one immunization for which a medical exemption has been filed.
- To check that you have completed the chart correctly, the following rules apply. Your numbers may be off by a few due to student enrollment or withdrawal and that is ok as long as the numbers are within +/- 5 of your total enrollment for a give column. To check your math – your lines should add up for each grade level as follows:
 - Lines C + D + E = B
 - Lines G + H = F
 - Lines I + J + K + L = A

Once you have completed the chart, save it and upload it into CSAPPHIRE in the School Health Report folder for the school year in which the report is being completed.

