

School Health Screening Checklist

Provided by:





In collaboration with:



Screening Checklist

Date Completed:

INVENTORY EQUIPMENT & SUPPLIES

BMI ☐ CDC BMI calculator saved on my computer, or in my electronic health record system List which option: ☐ Stadiometer (measurable to nearest 1/8" or cm) ☐ Stadiometer mounted at proper wall height ☐ Scale that can be zeroed (calibrated at least annually) Date last calibrated: Hearing ☐ Correctly functioning audiometer(s) \square # of machines: ☐ Type/model of each, and date last calibrated: **Postural** ☐ Tape mark on level floor ☐ Changing area or halter tops available ☐ Screening area with separate entrance/exit, and enough space for screener to move freely around student for front, back, and side views Vision All visual acuity charts must use logMAR notation/ scoring, and use LEA SYMBOLS or Sloan Letters. For further information on screening tools see the <u>Vision</u> Screening Section starting on page 21 of this Screening Handbook. When purchasing new vision tools, see SHIELD's Health Screenings webpage for a detailed list of equipment, including model numbers. ☐ Distance Vision: Type: Properly fitted occluders ☐ Near Vision: Type: ☐ Stereoacuity: ☐ Instrument-based screening machine (ages 3, 4, 5)

Schedule a loan of a SpotTM screening machine with your

Regional School Nurse Consultant

RECRUIT & TRAIN SCREENING TEAM		
☐ Screening team set for each type of screening Names/dates they will be working:		
☐ Training planned: Describe:		
SCHEDULING		
Try to plan fall screening dates the prior spring.		
☐ Clinic dates/times, space permissions, communication plan for teachers, administration, SPED, parents/guardians all established Clinic dates/locations:		
☐ Class schedule reviewed, teachers identified in case of conflicts, and screening schedule developed		
☐ Screening spaces identified, ensuring that they: ☐ Are properly sized, lit, and offer privacy		
☐ Postural screening in-class training scheduled Date(s):		
☐ Administration informed and approved of screening schedule and locations		
☐ Schedule shared with teachers (revise if needed)		
COMMUNICATIONS		
☐ Parents/guardians notified of screenings (See SHIELD Health Screenings webpage for sample letters and educational materials) Dates/types of communication:		
☐ Educational materials included in parent/guardian communications (esp. promoting healthy		

weight/active living, and postural screening)

PREPARE FOR SCREENING DAY

☐ Protocols for all screenings reviewed

ready to complete

☐ Postural screening in-class training completed

☐ Blank referral letters for all screenings copied and

☐ Screening lists have been prepared	Referral Completion ☐ Referral letters sent to parents/guardians and documented in student's record (See SHIELD Health Screenings webpage for sample letters and educational materials)
☐ Availability of screening rooms confirmed	
☐ Schedule confirmed with teachers (incorporating any needed last-minute adjustments)	
☐ Signage posted (as needed)	☐ Follow up on incomplete referrals (dates entered into calendar to do follow ups):
☐ Screening spaces set up:	
☐ Functional equipment	\square Second referral notice sent to parent (as needed)
☐ Cheat sheets for vision & hearing machines	☐ Parent/guardian contacted directly (as needed)
☐ Floors marked	☐ Referral outcomes recorded in student record
☐ Privacy screens (where needed)	
☐ Student waiting area with activities (i.e., books)	REPORTING
Screening team assigned to stations and briefed on	\square BMI & SBIRT results prepared to submit to MDPH
the plan for the day	☐ For CSHS grant recipients only: All screening data prepared to submit to MDPH
CONDUCT SCREENINGS	1 1
☐ Refer to screening protocols in this handbook	POST-SCREENING PLANNING
RE-SCREENING STUDENTS	☐ Appointments made to calibrate machines for next year:
Review data collection sheets to identify students who need to be screened (i.e., absent/missing on original date), rescreened, and referred	☐ Hearing (date & vendor): ☐ Scales (date & vendor):
☐ Re-screening dates and spaces confirmed Dates/locations:	☐ Plan for repairing/replacing equipment (if needed):
☐ Re-screening team confirmed	
☐ List of students to be re-screened or who missed the first screening date	REMINDERS FOR NEXT SCHOOL YEAR
☐ Teachers notified of re-screening dates and list of students to be screened	
☐ Screening spaces set up	
DOCUMENTATION & REFERRALS	
Post-Screening Documentation Screening data documented in student's paper/electronic health record	
☐ Teachers notified of required/recommended classroom accommodations	