School Health Data Report—School Districts Without CSHS Funding

Use this form to submit **BMI or SBIRT data reports**

 **2022-2023 School Year**

This worksheet is provided for planning purposes only and cannot be used to submit a report. **All report submissions must be done using our online form.** *NO PAPER FORMS, FAXES OR ELECTRONIC FILES WILL BE ACCEPTED.*

**The online tool is available at the following website:** [**https://redcap.link/SchoolHealthReport2023**](https://redcap.link/SchoolHealthReport2023)

Use this link only for 2022-2023 school year data. A new link will be distributed at the start of each school year. The same link is used for public school districts and nonpublic schools, although some questions will be different.

**Changes this year:** Many questions on the report have been removed, making it significantly shorter than in prior years.

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Section 1- School and District Information

**General Guidelines**

Submit only ONE report for the entire school district. (Do not submit a separate report for each school). This report should summarize the status of ALL the schools in the district. In most cases, this would include all schools in your Local Public School System and no others. Please add together numbers for all schools and enter only the district-wide totals. School Unions should preferably submit ONE report for all of the public schools included in the school union and affiliated regional school districts.

**Text in bold purple font is intended to guide you through this report and highlight differences between this worksheet and the online version.**
1. A. Name of person completing report:\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 B. Position:\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Extension (of phone number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Email Address:\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Type of School or District **(Select from a dropdown in the online report. Red asterisks (**\***)** **in the online report** **indicate a required question.)**

* *Local Public School District*
* *Regional Academic School District*
* *Regional Vocational/Technical School District*
* *Charter School District*
* *School Union*
* *Educational Collaborative*
* *Nonpublic/private School*
* *Other*

5. Name of District, school union, collaborative, non-public school (submit one report per district, do not submit reports for individual public schools)\* **(Select from a dropdown in the online report.)**

6. If this report is for a school district but does not include data for all the schools in the district, please provide the name of the school or schools that are included in this report, followed by a list of the schools that are excluded from this report.

A. Included schools: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. Excluded schools: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. If data is from a School Union, please identify all districts included in the School Union data: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Nonpublic school address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Comments: Please identify if there is anything unusual about the scope of data. If this is a local or regional school district report and you are including data from Horace Mann charter schools, please list the charter schools included. If this report is a correction to a previously submitted report, please explain here.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Is your school/district funded through the Comprehensive School Health Services (CSHS) program?\*

* Yes
* No **(If not funded, select No)**

11. What type of data do you wish to submit?\*
You will only see questions that are applicable to the data you are submitting.

* Only BMI data
* Only SBIRT data
* Both BMI and SBIRT data, but nothing else
* CSHS program data (includes BMI, SBIRT, and other data only required of CSHS-funded districts or schools)

Section 3— BMI Screening Results

**Body Mass Index (BMI) Percentiles\***

 \* BMI percentiles for children and adolescents are based on age and assigned sex at birth, using standards established by CDC. It does not reflect gender identity.

* Enter the number of students in each weight category, using the tables below.
* To determine a student’s BMI percentile, use the proper BMI-for-age charts designed for children 2-18. Do not use the formula used for adults, as that will produce extremely inaccurate results.
* Only include current BMI data in the table (i.e., use heights & weights obtained during the just-completed school year).
* Please try to include ALL the students in a given grade level so that the data will fairly represent the students in that grade (You should obtain current data for at least 70-75% of students in each grade).

**19.**

|  |  |  |  |
| --- | --- | --- | --- |
| **BMI Category** | **Definition** | **Grade 1 Males** | **Grade 1 Females** |
| Underweight | < 5th percentile  |  |  |
| Normal |  ≥ 5th percentile and < 85th percentile |  |  |
| Overweight | ≥ 85th percentile but < 95th percentile |  |  |
| Obese | ≥ 95th percentile  |  |  |
| Enrollment |  |  |  |

**20.**

|  |  |  |  |
| --- | --- | --- | --- |
| **BMI Category** | **Definition** | **Grade 4 Males** | **Grade 4 Females** |
| Underweight | < 5th percentile  |  |  |
| Normal | ≥ 5th percentile and < 85th percentile |  |  |
| Overweight | ≥ 85th percentile but < 95th percentile |  |  |
| Obese | ≥ 95th percentile  |  |  |
| Enrollment |  |  |  |

**21.**

|  |  |  |  |
| --- | --- | --- | --- |
| **BMI Category** | **Definition** | **Grade 7 Males** | **Grade 7 Females** |
| Underweight | < 5th percentile  |  |  |
| Normal | ≥ 5th percentile and < 85th percentile |  |  |
| Overweight | ≥ 85th percentile but < 95th percentile |  |  |
| Obese | ≥ 95th percentile  |  |  |
| Enrollment |  |  |  |

**22.**

|  |  |  |  |
| --- | --- | --- | --- |
| **BMI Category** | **Definition** | **Grade 10 Males** | **Grade 10 Females** |
| Underweight | < 5th percentile  |  |  |
| Normal | ≥ 5th percentile and < 85th percentile |  |  |
| Overweight | ≥ 85th percentile but < 95th percentile |  |  |
| Obese | ≥ 95th percentile  |  |  |
| Enrollment |  |  |  |

**23a.** The number of students whose parents “opted out” of the BMI screening \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**23b.** Comments regarding BMI “opt out” can be entered here (optional).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**24.** What is the primary method you use to calculate BMI and BMI percentiles for each student? Choose one of the following options:

1. HealthOffice/Frontline

2. SNAP software (Professional Software for Nurses)

3. Aspen X2

4. School Brains

5. BMI calculator provided on a web site. Please specify the web site you used:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Microsoft Excel - Group BMI calculator

7. Look up BMI values in a table

8. Calculate BMI "by hand" (using a hand calculator or paper-and-pencil)

9. Plot data (by hand) on BMI-for-age growth charts

10. Use records provided by the student's primary care provider

11. Other (Specify):

**25.** Did any of the following change this school year (compared to the prior school year)?

Select *Yes, No* or *Don’t Know* for each of the choices listed.

* Software program used to compute BMI or BMI percentiles: Yes No Don’t know
* Person doing the height and weight measurements: Yes No Don’t know
* Person entering measurement data into the computer: Yes No Don’t know
* Person compiling aggregate BMI data for the district: Yes No Don’t know

**26**. Please provide the name of another person in the district, union, or nonpublic school we can contact about BMI if you are not available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section 5— SBIRT

SBIRT data

|  |  |
| --- | --- |
| **S1.** SBIRT screeners | *Enter the number of screeners* |
| --a. Nurses |  |
| --b. Guidance counselor |  |
| --c. Social Worker |  |
| --d. Psychologist (or Adjustment Counselor) |  |
| --e. Teacher |  |
| --f. Other |  |
|  |  |
| **S2.** Which grades were screened (using SBIRT or an alternative)? | 7□ 8□ 9□ 10□ 11□ 12□ Other□ |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Screening data**

Use this page to enter the results of the SBIRT screenings

**In this worksheet, enter the data for each grade in the appropriate column in the table. In the online data tool, the data for each grade is entered in a separate table. Despite that formatting difference, the contents of the worksheet and the online version are the same.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Grade 7** | **Grade 8** | **Grade 9** | **Grade 10** | **Grade 11** | **Grade 12** | **Other** |
| **S3. Screening Dates** |  |  |  |  |  |  |  |
| Date range of screenings for this grade level (Enter the *start date* and the *end date* for the screenings) | Start: | Start: | Start: | Start: | Start: | Start: | Start: |
| End: | End: | End: | End: | End: | End: | End: |
| **S4. Number of schools in the district . . .**  |  |  |  |  |  |  |  |
| 1. at this grade level
 |  |  |  |  |  |  |  |
| 1. in which SBIRT screening was implemented
 |  |  |  |  |  |  |  |
| 1. in which an alternative screening procedure was implemented instead of SBIRT
 |  |  |  |  |  |  |  |
| **S5. Number of students . . .**  |  |  |  |  |  |  |  |
| 1. screened using SBIRT
 |  |  |  |  |  |  |  |
| 1. not screened due to the student’s decision to opt-out of SBIRT
 |  |  |  |  |  |  |  |
| 1. not screened due to the parent’s decision to opt-out of SBIRT
 |  |  |  |  |  |  |  |
| 1. unavailable to be screened (due to absence, language barrier, or other student-related factor)
 |  |  |  |  |  |  |  |
| 1. not screened due to school-related factors (such as lack of resources to complete the screening)
 |  |  |  |  |  |  |  |
| 1. not screened due to use of an alternative (non-SBIRT) screening procedure
 |  |  |  |  |  |  |  |
| 1. Enrollment in all schools in the district (should equal the sum of the rows above)
 |  |  |  |  |  |  |  |
| **S6. CRAFFT Part A results for each question:Number of students using the substance "1 or more" days during the past 12 months** |  |  |  |  |  |  |  |
| 1. Alcohol
 |  |  |  |  |  |  |  |
| 1. Marijuana or synthetic marijuana
 |  |  |  |  |  |  |  |
| 1. Anything else to get high (drugs, medications, etc.)
 |  |  |  |  |  |  |  |
| 1. Vaping device containing nicotine or flavors, or any tobacco products
 |  |  |  |  |  |  |  |
| **Part A scores** |  |  |  |  |  |  |  |
| **S7. Number of students with:** |  |  |  |  |  |  |  |
| 1. Score = 0 (for all questions in Part A)
 |  |  |  |  |  |  |  |
| 1. Score = 1 or more
 |  |  |  |  |  |  |  |
| 1. Unscored (incomplete Part A)
 |  |  |  |  |  |  |  |
| **S8. CRAFFT Part B results for each question**  |  |  |  |  |  |  |  |
| ***Number of students answering "Yes"*** |  |  |  |  |  |  |  |
| 1. C (Car)
 |  |  |  |  |  |  |  |
| 1. R (Relax)
 |  |  |  |  |  |  |  |
| 1. A (Alone)
 |  |  |  |  |  |  |  |
| 1. F (Forget)
 |  |  |  |  |  |  |  |
| 1. F (Family or friends)
 |  |  |  |  |  |  |  |
| 1. T (Trouble)
 |  |  |  |  |  |  |  |
| **S9. Part B Scores** |  |  |  |  |  |  |  |
| ***Number of students with this score:*** |  |  |  |  |  |  |  |
| 1. Score = 0
 |  |  |  |  |  |  |  |
| 1. Score = 1
 |  |  |  |  |  |  |  |
| 1. Score = 2 or more
 |  |  |  |  |  |  |  |
| 1. Unscored (Incomplete Part B screening)
 |  |  |  |  |  |  |  |
| **S10. Actions taken** |  |  |  |  |  |  |  |
| ***Number of students who receive . . .*** |  |  |  |  |  |  |  |
| 1. Positive reinforcement
 |  |  |  |  |  |  |  |
| 1. Brief intervention
 |  |  |  |  |  |  |  |
| 1. Referral to a provider for follow-up
 |  |  |  |  |  |  |  |
| 1. Completed referrals
 |  |  |  |  |  |  |  |
| **S11. Type of providers students were referred to**  |  |  |  |  |  |  |  |
| 1. In-school counseling
 |  |  |  |  |  |  |  |
| 1. MDPH BSAS treatment program
 |  |  |  |  |  |  |  |
| 1. Private provider
 |  |  |  |  |  |  |  |
| 1. CBHI services
 |  |  |  |  |  |  |  |
| 1. Emergency room
 |  |  |  |  |  |  |  |
| 1. Other
 |  |  |  |  |  |  |  |
| 1. None
 |  |  |  |  |  |  |  |

**S12. Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**