



**Bureau of Chronic Disease Prevention • School Health Services Program
County Self-Assessment Tool**

County _____

Date(s) of Review: _____

State School Health Program Liaison: _____

Local Department of Health School Health Coordinator: _____

Local School District School Health Coordinator: _____

Q#	Questions	Answers
Administrative		
A. Health Equity		
Health equity is the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.		
1	Describe the primary social determinants of health experienced by students and families in the district, such as, poverty, unsafe/unhealthy communities, cultural/linguistic or health literacy barriers, and access to housing, healthy foods, and medical/dental care.	
2	Describe specific efforts, interventions or initiatives by the school health program that address the social determinants of health known to be impacting students and their families.	
3	Has a Community Needs Assessment(s) been performed in your county and if so, when?	
4	Describe any training provided and/or planned for school health program staff on recognizing signs of toxic stress in children and ensuring the provision of trauma-informed care.	
B. Staffing		
5	Identify any staffing changes within the school health services program during the last school year.	

6	Explain any impact the staffing changes have had on the program's ability to provide school health services.				
C. Local School Health Program Monitoring					
7	Describe the process for local school clinic monitoring, the date of most recent monitoring conducted and describe any issues identified during your most recent school clinic monitoring.				
D. Public Charter Schools					
8	Describe the collaboration with public charter schools for provision of school health services.				
9	Explain the impact, if any, on documentation of mandated health screening data for public charter school students.				
E. Immunization Clinics					
11	Describe immunization clinics offered to students, staff and others.				
12	Location(s) of clinics:				
13	Vaccines offered:	Students	School Staff	Parents	Community Members
	Polio (IPV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tetanus and diphtheria (Td)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Diphtheria, tetanus, pertussis (DTaP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Measles, mumps, rubella (MMR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Varicella (VZV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Measles, mumps, rubella, varicella (MMRV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Meningococcal (MenACWY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Meningococcal (MenB)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Influenza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tetanus, diphtheria, pertussis (Tdap)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Human papilloma virus (HPV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Student/Staff Education					
14	Briefly describe educational activities related to the following topics:				
	Suicide Prevention/Awareness				
	Mental Health Training for Staff				

	Substance Abuse	
	Tobacco Use Cessation	
	Bullying	
	Dating Violence	
	Human Trafficking	
	Concussions	
	Asthma/Allergies/Anaphylaxis	
	Lupus Awareness Education	
	Sickle Cell Awareness Education	
	School Wellness/Nutrition	
	Comprehensive School Physical Activity Program (CSPAP)	
	Water Safety	
	Sun Safety	
	Hygiene Classes	
	Family Life Instruction/Disease, HIV, STD, Pregnancy Prevention	
	Emergency Response Drills (anaphylaxis, cardiac, seizures, etc.)	
G. Accomplishments		
15	Describe the school health program's accomplishments, new initiatives or best practices within the last two years.	
H. Challenges		
16	Describe any challenges experienced by the school health program within the last two years.	
I. Program Improvement		
17	Describe any planned initiatives for program improvement, including collaborations and timelines.	
Collaborations		
J. School Health Advisory Committee (SHAC)		
18	How often does the local SHAC meet?	
19	Does membership include the components of the Center for Disease Control and Prevention's Whole School, Whole Community, Whole Child Model? (e.g., students and parents/guardians, school health staff, school health coordinators, school administrators, community health providers, faith-based representatives, and others?)	
20	Describe actions by the SHAC to address the social determinants of health experienced by students/families, which were listed in section A.1.	
K. Community Partnerships		

21	List the program's community partners, such as the faith-based community, Healthy Start Coalition, Health Advisory Board, Multiagency Network for Students with Emotional/Behavioral Disabilities (SEDNET), County Juvenile Justice Council and others.	
22	Share/ describe community engagement activities	
L. Vision Services Providers		
23	Which agency(ies) conduct initial vision screenings for students?	
24	Does the school health program use either or both of the state-funded vision services providers, Florida Heiken and/or Florida's Vision Quest?	
25	Does the school health program have arrangements with other vision service providers for comprehensive eye exams or screening services? If yes, please describe.	
M. Preventive Dental Services		
26	Which agency(ies) provides school-based preventative dental services and oral health education in your county?	
27	Please state specifically which preventative dental services are provided for which grades.	
N. Software		
28	What electronic health record software programs are used by school health staff (CHD and district)?	
O. Medication Standing Orders		
29	Is there is a written policy addressing stock over-the-counter/emergency medications with standing orders?	
30	Please specify which medications are authorized by the standing orders. Provide copies of all standing orders.	
P. School District Emergency Management Plans		
31	Do the school district and individual school emergency management plans (EMP) include training/instructions/drills for caring for students with special healthcare needs and chronic health conditions during a medical emergency, natural disaster or crisis situation? Do evacuation plans address exceptional student education (ESE) students and/or students with ambulatory needs?	
32	Is a registered nurse (RN) or the School Health Coordinator RN, involved in the development of the district and individual school EMPs?	
33	Are the EMPs accessible by appropriate staff at the individual schools?	

Contracted Services

Q. Contracted Services

34	Does the county health department contract Schedule C funds for school health service provision? If so, please provide a copy of the current contract(s) and a copy of the previous year's monitoring documents.	
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