INSTRUCTIONS FOR COMPLETING THE 2015-2016 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 by the Indiana Department of Education. **This report cannot be submitted per School Corporation, as one report must be submitted for each accredited School Building.**

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:
            1. Either kindergarten or grade 1
            2. Grade 3
            3. Grade 5
            4. Grade 8
            5. 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
d. Students may attend school if any one of the following circumstances apply:
    i. Student has all of the required immunizations
    ii. Student has a medical exemption on file with the school
    iii. Student has a religious objection on file with the school
    iv. 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 ISDH CHIRP website. These documents can be found at the following link: https://myshare.in.gov/ISDH/LHDResource/immunizations/School%20Nurse%20Documents/Forms/AllItems.aspx

STEP TWO: Obtaining a Password

Each school must designate an individual to complete the School Health Report. This designated person will have the role as the "DOE Online Corporation School Health User". This designated person can be the school nurse, a school secretary, a school health aide or a school administrator. Whomever the school district designates as the person to enter the data into the School Health Report, this person must obtain a password to the "DOE Online" System in order to complete the report.

This password only needs to be obtained one time and will remain the same from year to year.

To obtain a password, please complete the following steps:

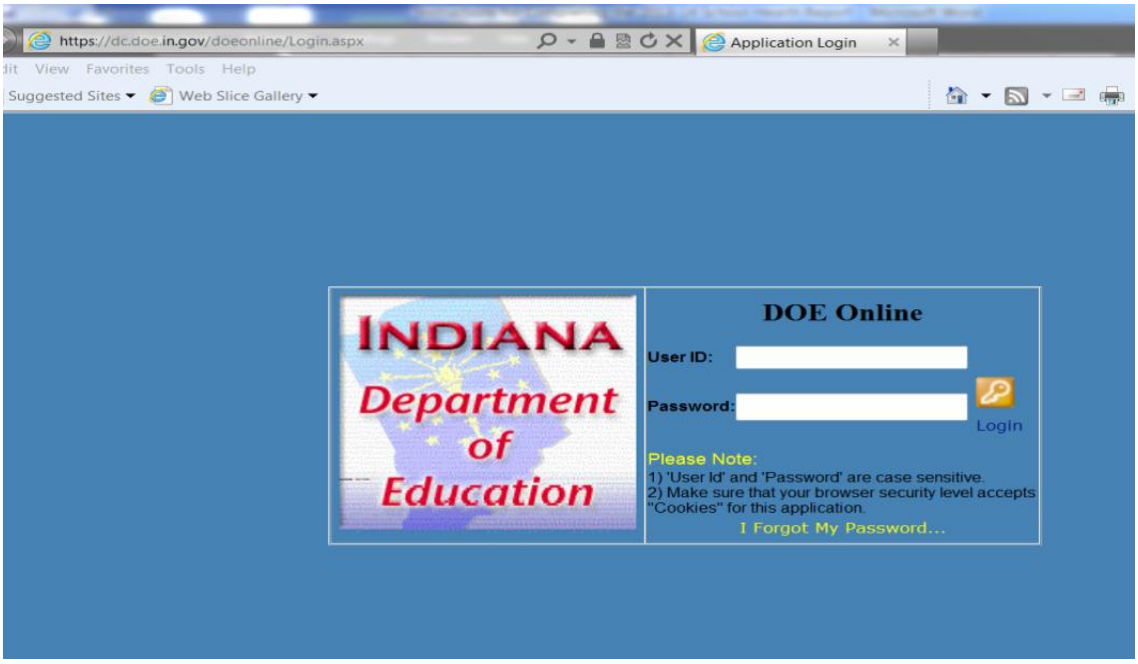
1. ***Notify your school "DOE Online System Administrator" that you are requesting a username and password to the DOE Online System.***
   (Note - this is typically an IT person that works for your school corporation and is in charge of verifying who should be given passwords. Each school should have at least one person that is assigned to assist his/her staff with obtaining passwords to the DOE Online System. This person is called the "DOE Online System Administrator". If you do not know the name of your school technology person that has this responsibility, please click on the following link: http://pod.doe.in.gov/groups/doeonlinehelp/wiki/2ca8d/Corporation_System_Administrators.html
2. ***Your IT Person (known as your school "DOE Online System Administrator") must approve and submit your name to IDOE as the person needing a password for the DOE Online System.***

3. ***Once IDOE receives this approval from your school IT Person, you will receive your username/password from the IDOE in an email that will come from noreply@doe.in.gov.***
4. ***Trouble Shooting Your Password –***
    a. If you do not receive your password, please check your spam or junk folder as your password email might have been inadvertently stopped from delivery by your school email filter.
    b. Check again with your school IT Person to ensure that they have approved you as a person needing a password.
    c. Contact the IDOE Support Desk at the following link for assistance: https://learningconnection.doe.in.gov/ContactSupport.aspx.

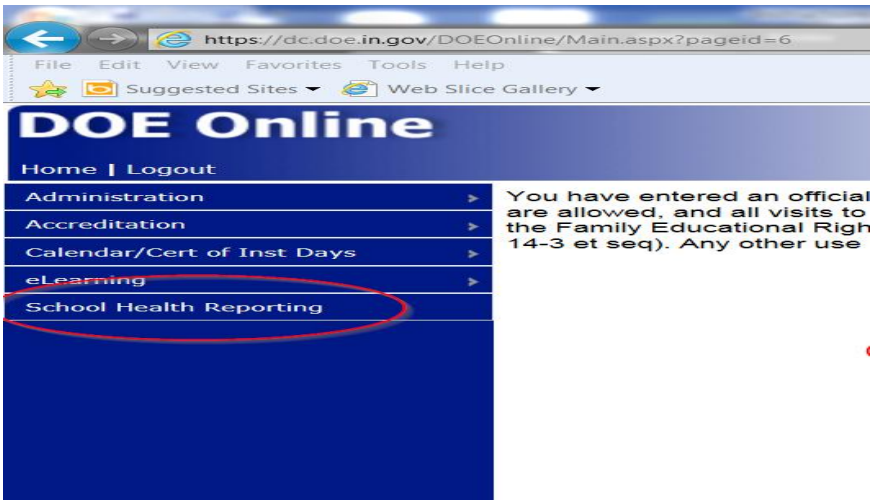
STEP THREE: Completing the School Health Report

Once a school has collected the data required for this report, has designated a person to complete the report, and this person has a password to the DOE Online, the report can be accessed and submitted. To access the report, please click on the following link: https://dc.doe.in.gov/doeonline/Login.aspx

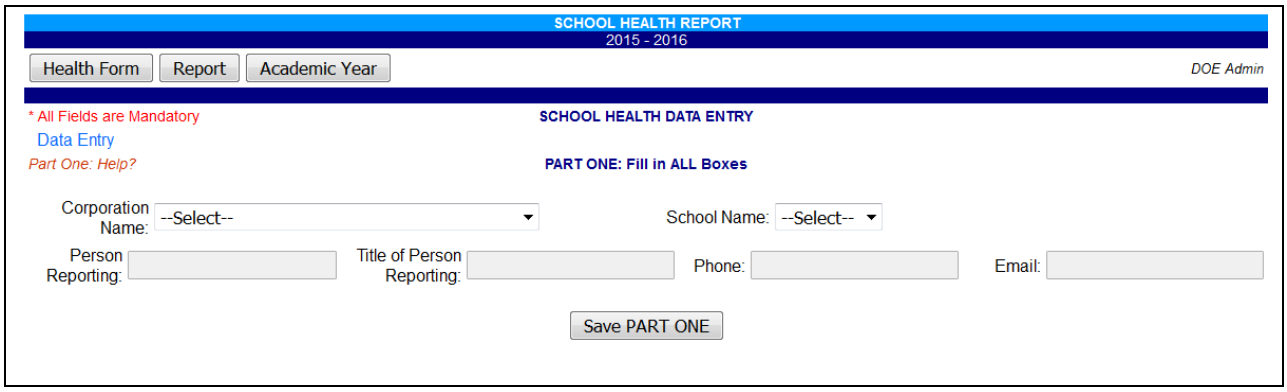
1. You should see a picture that looks like the one below. This is the DOE Online site where you would enter your user ID and password.



2. Log in and find the “School Health Reporting” tab located on the left.



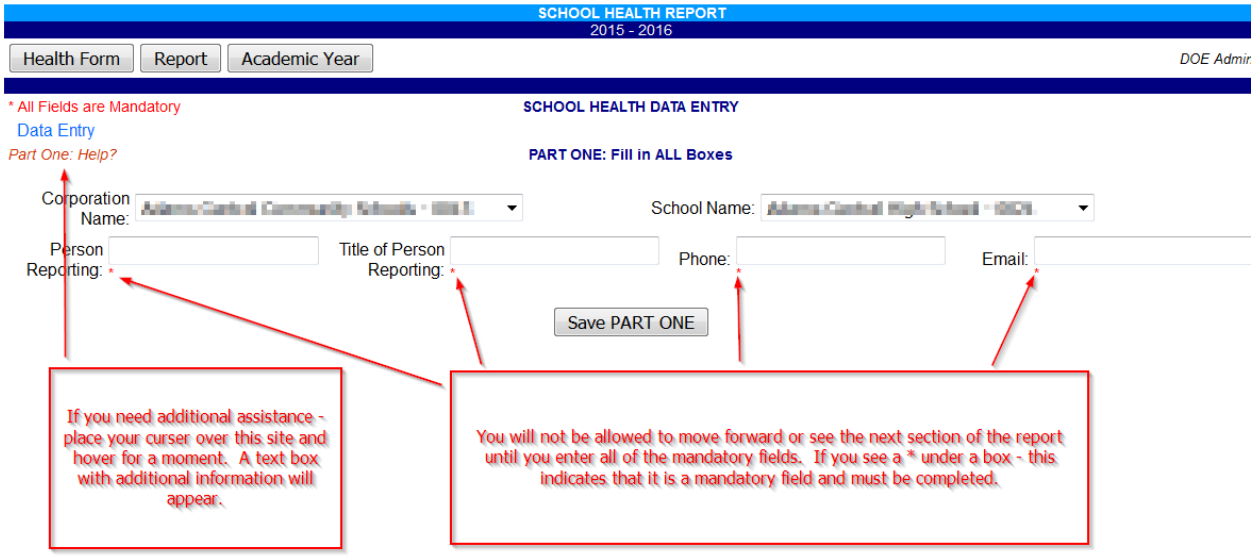
3. Click on the School Health Reporting tab to open the report. The report should look like this:



Notes Regarding the Mandatory Fields in PART ONE:

- You can locate your corporation and school name by using the drop down menu
- If the name of your corporation does not appear in the drop down menu, your school is not required to submit your data to the IDOE, and you should instead report your vision, hearing, and immunization data to your building administrator
- You will not be able to move forward in the report until you have completed all of the mandatory fields
- Please type in your name, title, phone number (must include area code, be 10 numbers long and no dashes) and e-mail address
- Once you have completed these Mandatory Fields, click on the “Save PART ONE” button. This will permanently save these fields for you and it will allow you to move to PART TWO of the report
- If you do not enter all of the Mandatory Fields, you will see a red star appear below the box that you have not completed correctly
- Below is an example showing you that all of the fields are mandatory

Example of Mandatory Fields not being completed:

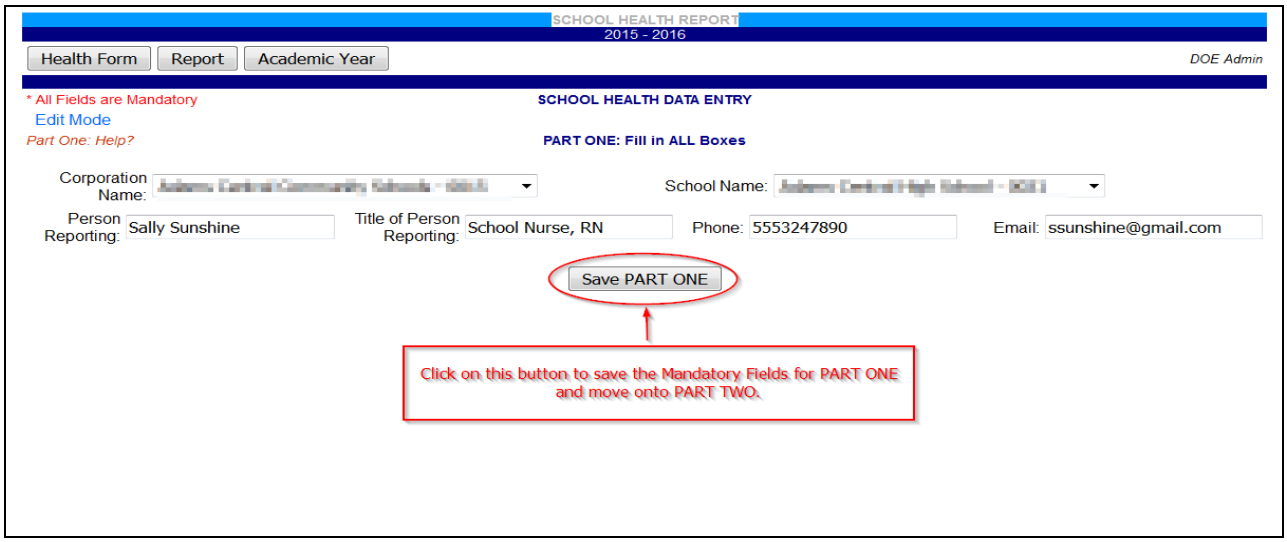


Note - If you place your curser over the "Part One: Help?" link, a text box with these directions will appear

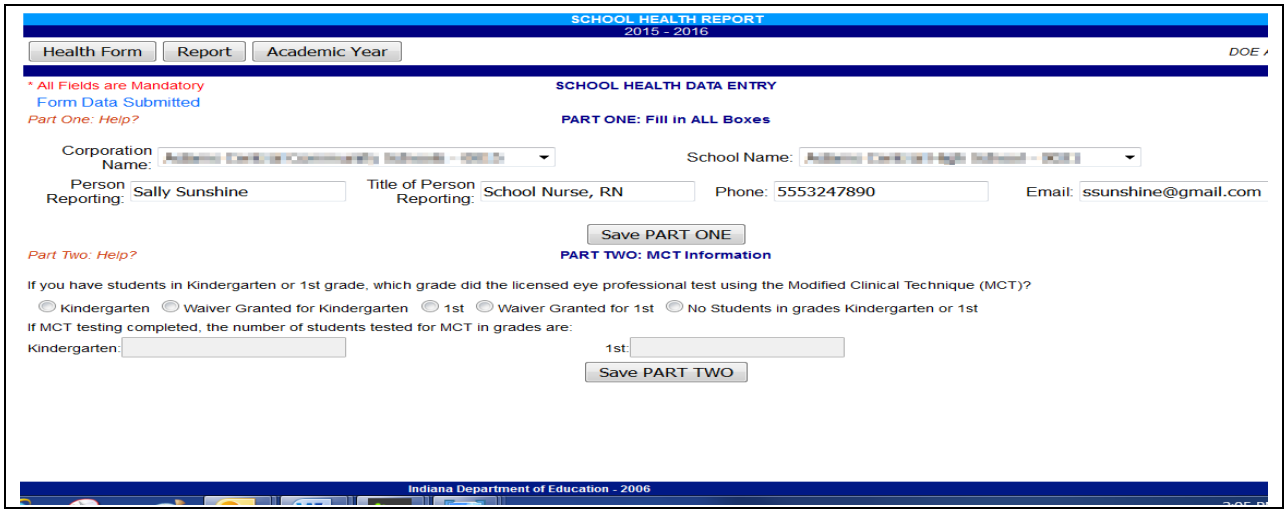
Part One: Help?

PART ONE – Please complete all of the fields below and click on the SAVE button. If you have properly completed all of the fields, PART TWO will open for you to enter your information. If the name of your corporation does not appear in the drop down menu, your school is not required to submit your data to the IDOE, and you should instead report your vision, hearing, and immunization data to your building administrator.

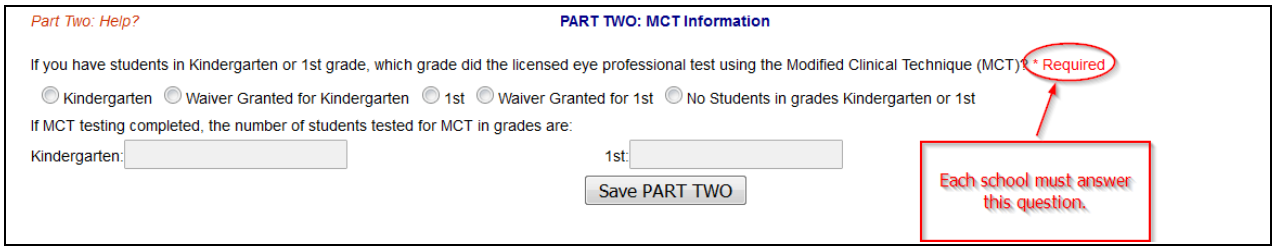
4. Complete all of the Mandatory Fields and then click on "Save PART ONE".



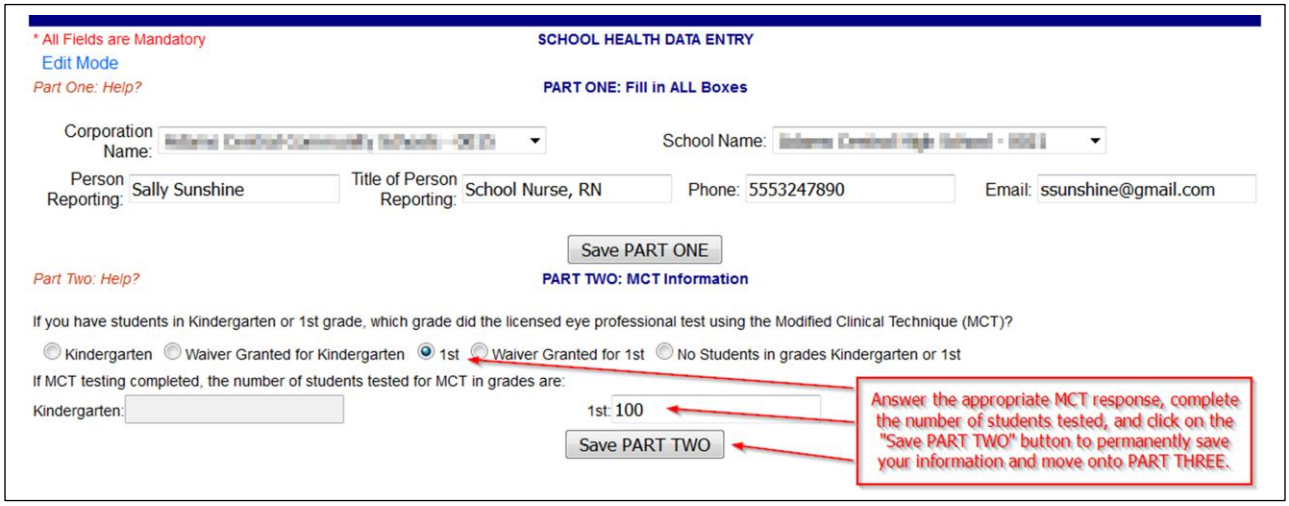
5. PART TWO of the report should open and now be visible for you to see and complete.



6. **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. One radial button must be chosen for you to proceed with data entry. 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.



Example of MCT question completed properly:



7. Click on the “Save PART TWO” box to permanently save your information. The data chart should appear and you may now enter numbers into the boxes in the chart. It is easiest if you have all your data ready and can submit everything at one time.

Grid: Help?

Total Number of Students Tested from K - 12															
		K	1	2	3	4	5	6	7	8	9	10	11	12	Total
A	# Total Students	0	0	0	0	0	0	0	0	0	0	0	0	0	
B	# Vision Tested	0	0	0	0	0	0	0	0	0	0	0	0	0	
C	# Passed Vision	0	0	0	0	0	0	0	0	0	0	0	0	0	
D	# Failed Vision	0	0	0	0	0	0	0	0	0	0	0	0	0	
E	# Borderline Vision	0	0	0	0	0	0	0	0	0	0	0	0	0	
F	# Hearing Tested	0	0	0	0	0	0	0	0	0	0	0	0	0	
G	# Passed Hearing	0	0	0	0	0	0	0	0	0	0	0	0	0	
H	# Failed Hearing	0	0	0	0	0	0	0	0	0	0	0	0	0	
I	# Completed Immunizations	0	0	0	0	0	0	0	0	0	0	0	0	0	
J	# In-Process Immunizations	0	0	0	0	0	0	0	0	0	0	0	0	0	
K	# Religious Objection	0	0	0	0	0	0	0	0	0	0	0	0	0	
L	# Medical Exemption	0	0	0	0	0	0	0	0	0	0	0	0	0	
															Submit Data

- In order to save any data you have entered into the chart, you must click "Submit Data".
- You may change, edit, or update your submitted data at anytime by clicking "Submit Data".
- Your last submitted data before the closing date will be used by IDOE as final report.

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, these columns of the chart should be left blank.
- **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).

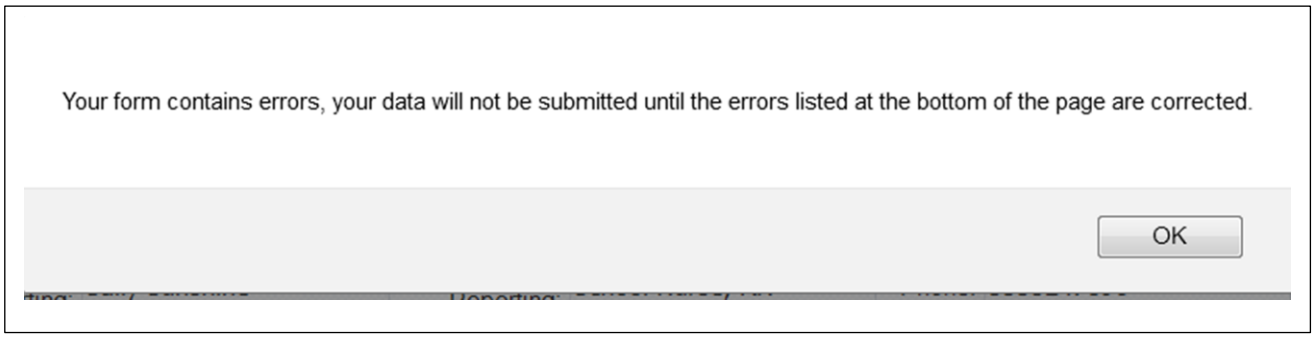
- **Line K** (**# Religious Objections**) – enter the total number of students per grade level who have any immunizations for which the student has a written religious objection on file at the school. Included in this section would be any students who have even one immunization for which a religious 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.

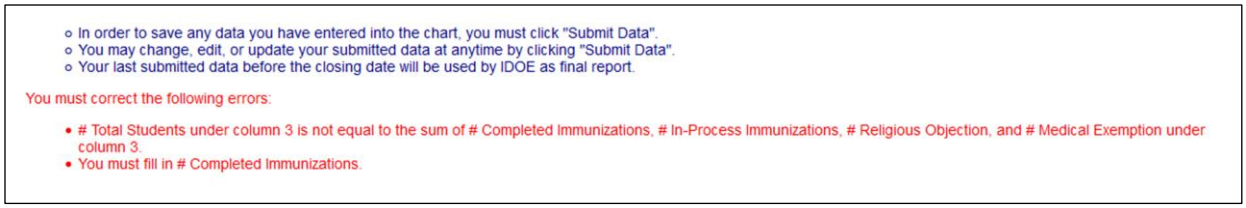
- **To check that you have completed the chart correctly, the following rules apply**. *Your numbers may be off by a few due to student enrollment or withdrawal and that is ok as long as the numbers are within +/- 5 of your total enrollment for a give column. To check your math – your lines should add up for each grade level as follows:*

- Lines C + D + E = B
- Lines G + H = F
- Lines I + J + K + L = A

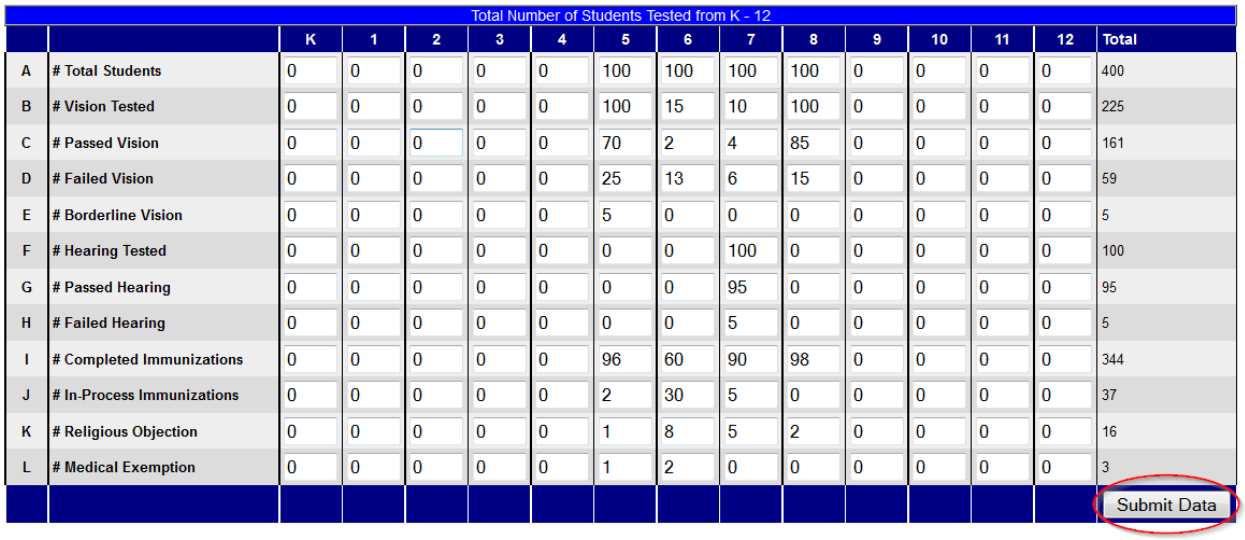
- If your numbers do not add up correctly, you will receive the following note:



- Please check the information listed in red below the chart to tell you what errors you need to correct in order to properly submit your data (an example is listed below).



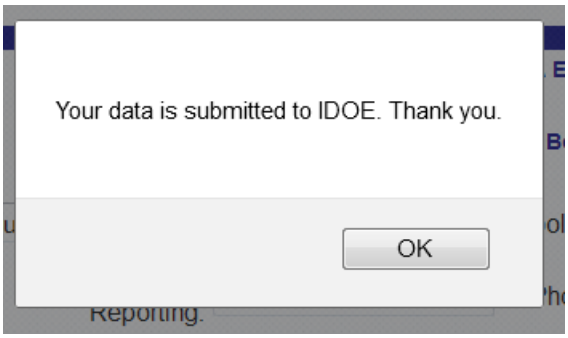
8. Once you have completed the chart or you have entered the data you wish for that particular session, click on the "Submit Data" box on the bottom right corner of the chart. Your data will be saved, as well as submitted. **The "Submit Data" button will serve as your SAVE <u>and</u> your SUBMIT button.**



Total Number of Students Tested from K - 12

		K	1	2	3	4	5	6	7	8	9	10	11	12	Total
A	# Total Students	0	0	0	0	0	100	100	100	100	0	0	0	0	400
B	# Vision Tested	0	0	0	0	0	100	15	10	100	0	0	0	0	225
C	# Passed Vision	0	0	0	0	0	70	2	4	85	0	0	0	0	161
D	# Failed Vision	0	0	0	0	0	25	13	6	15	0	0	0	0	59
E	# Borderline Vision	0	0	0	0	0	5	0	0	0	0	0	0	0	5
F	# Hearing Tested	0	0	0	0	0	0	0	100	0	0	0	0	0	100
G	# Passed Hearing	0	0	0	0	0	0	0	95	0	0	0	0	0	95
H	# Failed Hearing	0	0	0	0	0	0	0	5	0	0	0	0	0	5
I	# Completed Immunizations	0	0	0	0	0	96	60	90	98	0	0	0	0	344
J	# In-Process Immunizations	0	0	0	0	0	2	30	5	0	0	0	0	0	37
K	# Religious Objection	0	0	0	0	0	1	8	5	2	0	0	0	0	16
L	# Medical Exemption	0	0	0	0	0	1	2	0	0	0	0	0	0	3

9. You should see a box such as the one below each time you click on the “Submit Data” button.



10. **The “Submit Data” button will serve as your SAVE <u>and</u> your SUBMIT button. You may click “Submit Data” multiple times as this is the only way you can update or save your data. IDOE will only have one copy of your report – whatever is the last, most recent data you entered and submitted/saved will be kept on file.** You may revise your data at any time before June 15, 2016. Simply type over your old data to revise it, and click the “Submit Data” box. Your report will then be updated to reflect the most current information you have submitted.

- In order to save any data you have entered into the chart, you must click "Submit Data".
- You may change, edit, or update your submitted data at anytime by clicking "Submit Data".
- Your last submitted data before the closing date will be used by IDOE as final report.

OTHER NOTES:

- If you exit this site or DOE Online times out and you have not hit the “Submit Data” box on the bottom right corner of the chart, the data you have entered into the chart will not be saved.
- To enter your data, click on the box you want to enter data into and type in your number. You can hit your tab button to go to the next box, but you cannot use your arrow keys to go up and down to other boxes.
- Any box in a row that you leave blank, will be automatically filled in with a “0”.
- You do not need to erase the “0” in front of a number – it will automatically erase the “0” in front of any number that you enter once you submit your data.
- If you do not complete the following mandatory fields: the MCT question, row A and row I, and all of your columns do not add up correctly - you will not be able to save your data and the notes in red on the below picture will appear for any of the mandatory fields that you have not completed or any errors that need to be corrected.
- Your data will not be saved until you click the “Submit Data” button. **The “Submit Data” button will serve as your SAVE <u>and</u> your SUBMIT button. You may click “Submit Data” multiple times as this is the only way you can update or save your data. IDOE**

will only have one copy of your report – whatever is the last, most recent data you entered and submitted/saved will be kept on file.

- In order to save any data you have entered into the chart, you must click "Submit Data".
- You may change, edit, or update your submitted data at anytime by clicking "Submit Data".
- Your last submitted data before the closing date will be used by IDOE as final report.

You must correct the following errors:

- # Total Students under column 3 is not equal to the sum of # Completed Immunizations, # In-Process Immunizations, # Religious Objection, and # Medical Exemption under column 3.
- You must fill in # Completed Immunizations.

EXAMPLE of a K-6 Grade School Health Report completed properly:

If you have students in Kindergarten or 1st grade, which grade did the licensed eye professional test using the Modified Clinical Technique (MCT)?

○ Kindergarten ○ Waiver Granted for Kindergarten ○ 1st ◉ Waiver Granted for 1st ○ No Students in grades Kindergarten or 1st

If MCT testing completed, the number of students tested for MCT in grades are:

Kindergarten: 1st:

Total Number of Students Tested from K - 12															
		K	1	2	3	4	5	6	7	8	9	10	11	12	Total
A	# Total Students	100	150	100	100	100	100	100	0	0	0	0	0	0	750
B	# Vision Tested	0	150	20	100	10	100	10	0	0	0	0	0	0	390
C	# Passed Vision	0	100	18	80	2	75	5	0	0	0	0	0	0	280
D	# Failed Vision	0	30	2	10	7	20	5	0	0	0	0	0	0	74
E	# Borderline Vision	0	20	0	10	1	5	0	0	0	0	0	0	0	36
F	# Hearing Tested	0	100	0	0	100	0	0	0	0	0	0	0	0	200
G	# Passed Hearing	0	45	0	0	98	0	0	0	0	0	0	0	0	143
H	# Failed Hearing	0	5	0	0	2	0	0	0	0	0	0	0	0	7
I	# Completed Immunizations	80	125	95	99	97	100	60	0	0	0	0	0	0	656
J	# In-Process Immunizations	15	15	3	1	2	0	30	0	0	0	0	0	0	66
K	# Religious Objection	3	9	2	0	0	0	8	0	0	0	0	0	0	22
L	# Medical Exemption	2	1	0	0	1	0	2	0	0	0	0	0	0	6
															Submit Data

EXAMPLE of a 7-12 Grade School Health Report completed properly:

If you have students in Kindergarten or 1st grade, which grade did the licensed eye professional test using the Modified Clinical Technique (MCT)?

○ Kindergarten ○ Waiver Granted for Kindergarten ○ 1st ○ Waiver Granted for 1st ◉ No Students in grades Kindergarten or 1st

If MCT testing completed, the number of students tested for MCT in grades are:

Kindergarten: 1st:

Total Number of Students Tested from K - 12															
		K	1	2	3	4	5	6	7	8	9	10	11	12	Total
A	# Total Students	0	0	0	0	0	0	0	100	100	100	100	100	100	600
B	# Vision Tested	0	0	0	0	0	0	0	10	100	0	0	0	0	110
C	# Passed Vision	0	0	0	0	0	0	0	2	85	0	0	0	0	87
D	# Failed Vision	0	0	0	0	0	0	0	8	15	0	0	0	0	23
E	# Borderline Vision	0	0	0	0	0	0	0	0	0	0	0	0	0	0
F	# Hearing Tested	0	0	0	0	0	0	0	100	0	0	100	0	0	200
G	# Passed Hearing	0	0	0	0	0	0	0	95	0	0	98	0	0	193
H	# Failed Hearing	0	0	0	0	0	0	0	5	0	0	2	0	0	7
I	# Completed Immunizations	0	0	0	0	0	0	0	85	100	97	98	100	70	550
J	# In-Process Immunizations	0	0	0	0	0	0	0	15	0	1	0	0	20	36
K	# Religious Objection	0	0	0	0	0	0	0	0	0	1	0	0	5	6
L	# Medical Exemption	0	0	0	0	0	0	0	0	0	1	2	0	5	8
															Submit Data