



Addressing Health Barriers to Learning

APPENDIX 3

Screening Day Logistics & Planning

Section 1: Volunteers & Space Requirements

This appendix provides information on screening day logistics, planning, and preparation. Each screening day will be unique to the school, students, staff, and volunteers participating. It is essential to work with at least one primary contact at the school who knows the layout of the building and flow of the school day well. See *Table 1* for an estimation of space and volunteers based on a screening population of approximately 200 students.

Table 1. Volunteers Based on 200 Student Screening Population

Health Barrier to Learning (Screen)	Minimum Volunteers/Staff Needed ¹	Suggested Space	Notes
Uncontrolled Asthma	2	1 classroom or open space large enough to accommodate 10-15 students at a time.	You will only need volunteers and space if you choose to provide asthma education on your screening day.
Dental Pain	2	1 station per volunteer screener.	Space for this can be combined with other physical screens, such as in a gym or cafeteria.

¹ Reference Appendix 1 for a list of appropriate volunteers for each screen.

Persistent Hunger	1	N/A	Space for this screen can be combined with another station. Student needs somewhat private space to answer screening questions.
Unaddressed Hearing Problems	2-4	1 quiet, isolated classroom	There should be 1 volunteer per every 25 students. ²
Unidentified Language Skill Deficits	3-4	1 quiet, isolated classroom 1 station per volunteer screener	There should be 1 volunteer per 15 students, if aiming to accomplish this screening in one day. ³
Behavioral and Mental Health Problems	2-3	1 classroom to be used as a whole or with multiple stations	Depending on layout and preference, 1 volunteer could screen small groups of students instead of a full class.
Uncorrected Vision Problems	2-4	1 dimly lit classroom with multiple stations	There should be at least 1 volunteer per every 100 students.
Class Leaders	Varies	N/A	Dependent on the number of classes per grade. Assign enough class leaders to cover each grade at a time.

² It may be worthwhile to pre-screen students for a hearing screen, such as by referencing a “what to look-for” document. See page 7 for an example.

³ See page 8 for a document that profiles the behaviors of students who may be experiencing a social, communication, or language delay.

Section 2: Scheduling

Scheduling should be designed to complement the regular school day – i.e. being cautious of regularly scheduled breakfast and lunch time, before and after school bells/dismissal, and specials/connections classes. In order to not remove students from their core curriculum, it is suggested to work the screenings into each class and grade’s designated specials/connections classes. See *Table 2* below for a snapshot of a screening schedule.

Table 2. Example Schedule

3rd Grade-Andrews			
Time	Station	Location	Volunteers
1:20-2:30	Language	329	Lott, Bergeron, Kenon, Salvatore
12:10-12:25	Vision	346	Lion's Lighthouse
12:25-12:40	Asthma	336	GAC & GDPH
12:40-1:10	Dental/BMI/FS	Multi-Purpose Room	Martinez, Bass, Stewart, Burden
1:10-1:25	Mental Health	Icard's Room	Family Connection, Icard, Williams
3rd Grade-Evans			
Time	Station	Location	Volunteers
1:20-2:30	Language	329	Lott, Bergeron, Kenon, Salvatore
12:10-12:25	Asthma	336	GAC & GDPH
12:25-12:40	Vision	346	Lion's Lighthouse
12:40-1:10	Dental/BMI/FS	Multi-Purpose Room	Martinez, Bass, Stewart, Burden
1:10-1:25	Mental Health	Icard's Room	Family Connection, Icard, Williams

Section 3: Data Collection

3a. Pre-Screen Data Collection

In order to provide valuable output to the school post-screen and associate all results with the correct student, some degree of student information will need to guide the process. Before the screening coordinator (if not a school or district-level employee) receives student information, it must be completely de-identified. It is most efficient to work with front office staff at each respective school to divide and code the students appropriately by number. This will work best if students are broken up into lists by class and then grade so that screening volunteers can easily transfer results data onto spreadsheets

Student numbers should be written on index cards. During check-in on screening day, each student will be provided with their assigned number card to carry around with them to each screening station. The volunteer at the station will then use that number to enter respective results for each student.

3b. Post-Screen Data Collection & Analysis

The data organization aspect of health screening is critical in terms of understanding results comprehensively. Compiling all individual results into a single Excel spreadsheet will allow the screening coordinator to evaluate each health barrier to learning side-by-side, taking a closer look at correlations within the screening population. For example, this approach would allow the coordinator to see which students with a high risk for dental pain also had an asthma diagnosis and/or a vision impairment. For instructions on how to create your Excel spreadsheet, see below.

How-To Create an Excel Spreadsheet for Collection of Screening Results

1. Create a new excel spreadsheet and save as desired, i.e. "Health Screening Results 2019."
2. Rename the first sheet in the workbook as "Master"
3. Rename the following individual sheets for each screen that is conducted, i.e. one for hearing, vision, dental, asthma, food insecurity, language, and mental health.
4. On the "Master" sheet, the 1st row should have columns labeled for the following items: School, Grade, Flags*, and then 1-2 (or as many as needed) columns for each screen to display results. For example, when recording hearing, there could be 2 columns. The first would list the pass/refer, and the second would indicate if the hearing deficit was detected in the left or right ear. Alternatively, the Master sheet may be the condensed version of each individual sheet, providing simply pass/refer.
5. On each corresponding sheet in the workbook, the first column should list the numbers of each student being screened, i.e. 1-45, 1-150, etc. The next columns should be labeled for how the screen is to be scored, corresponding (at minimal) identically to what is listed on the Master sheet. The individual screen sheets can and should be more detailed than what is displayed on the Master sheet. This will also depend on the screening tool used and how many measurable outcomes it includes. For example, the food insecurity screening tool would have multiple items that may be helpful to look at – such as students who answered yes or no to either the first, second, or both questions.

6. In order to get the key results from each individual sheet to the Master sheet, copy and paste columns using the “values only” option to prevent error if there were formulas used.
7. Assigning filters: to look at data across the board and understand correlations between screens, use the “Sort & Filter” tool on the toolbar in excel. To do so, highlight each column individually and one at a time select “Sort & Filter”, then “Filter.” Once the drop-down arrow appears in the top cell of each column, filter data as needed. It is recommended that this be done on both the Master and individual screen sheets.

*The term “flags” is used to describe the scoring system for the screens. For example, if there is intent to measure how students compare among their peers in terms of health barriers, they would be scored with either “0” or “1” flag. A score of 0 would indicate that the student “passed” the screen, whereas a score of 1 would indicate that the student “failed” the screen/needed to be referred for follow-up.

Section 4: Confidentiality and Consent

On the screening day, it is likely that many of the volunteers do not work for the school system. Prior to the event, it is recommended best practice to consult schools for their policies around volunteers coming into the building and working with students to ensure student safety. Confidentiality should also be taken into consideration in terms of student data, especially if volunteers will be responsible for recording the results of a screen (pass/fail/etc.). Please refer to Section 3 for instructions on how to de-identify data and ensure that no detectable student information is made available to volunteers.

For a student to participate in a screening event, explicit parental consent must be provided. Consent will be most effective if in addition to sending a form home with information, the screening coordinator has an opportunity to engage with parents/guardians in-person. For example, if there is a pre-existing parent workshop event or parent-teacher conference day scheduled, the screening coordinator could ask for 10-15 minutes to explain the process and answer questions. If this isn’t a possibility, something separate may be scheduled, or more detailed information can be sent home with the parent consent form. Parent/guardians should be encouraged to have their child participate in the screening so that their child may benefit from resources provided as a part of the screening process. For an example parent consent form, see page 9.

Section 5: Day-of Preparation Checklist

It will be essential for the screening day coordinator to have a checklist of day-of to-dos, and a simple way to evaluate the efficiency of the entire process. See page 6 for a day-of checklist.

Screening Day Checklist

Date: _____

Screening Start Time: _____

School: _____

Screening End Time: _____

Screening Coordinator Name: _____

Number of Students Anticipated to Screen: _____

Screening Prep Start Time: _____

Actual Number of Students Screened: _____

Checklist:

- All volunteers arrive at the school 1 hour prior to start of the first scheduled screen.
- Each volunteer signs in and receives a nametag.
- All rooms to be used during the screening process are labeled with the name of the station(s) taking place there.
- All teachers, administrators, staff and volunteers have been provided with the day's schedule.
- The screening day and schedule overview has been announced on the school's morning announcements.
- Each room (and station) is equipped with the appropriate supplies and/or screening materials.
 - Technology (laptops/tablets for data collection)
 - Extension cords (if applicable)
 - Pens/pencils
 - Stickers to provide students after screen is complete
- Each volunteer signs out before leaving for the day.
- All borrowed materials (technology, etc.) have been returned to their original location.



Criteria to Use to Assist in Selecting School-age Children for Hearing Screenings

1. How do I know if my child has a hearing problem?

- Limited or poor speaking.
- Frequently inattentive.
- Difficulty learning.
- Seems to need higher TV volume.
- Fails to respond to conversation-level speech or answers inappropriately to speech.

2. School nurses should make note of students who would benefit from monitoring for hearing difficulty. Some of the reasons to include a student are:

- Parent concerns or referrals;
- Family history of risk factors;
- History of frequent ear problems in infancy and preschool period;
- History of allergic responses affecting the ear, nose, and throat;
- History of academic failures, i.e., repeating grades;
- Repeated concerns of teacher;
- Behavior that might be due to a transient problem with decreased hearing, i.e., allergies; and
- Students that consistently fail a frequency in the speech range but do not meet referral criteria.

Age Range	Indicators of Possible Language Skill Deficits
3 – 4 Years	<p>The child is showing difficulty with....</p> <ul style="list-style-type: none"> <input type="checkbox"/> Understanding and using more multi-word combinations including people’s names, verbs, and nouns. <input type="checkbox"/> Understanding & using more sophisticated grammar (e.g., pronouns, possessives, tense) <input type="checkbox"/> Requesting a break and/or soothing items when distressed <input type="checkbox"/> Using language to talk through transitions between activities <input type="checkbox"/> Recognizing and describing emotional states of oneself and others
4 – 5 Years	<p>The child is showing difficulty with....</p> <ul style="list-style-type: none"> <input type="checkbox"/> Using a range of creative language, including both simple and complex sentences <input type="checkbox"/> Engaging in short dialogues, such as relating past events in simple sequences <input type="checkbox"/> Using some politeness terms or markers (e.g., please, thank you) <input type="checkbox"/> Determining causal factors for emotional states of self and others <input type="checkbox"/> Using language to talk through more extended activities (e.g., multi-step instructions) <input type="checkbox"/> Recognizing and repairing breakdowns in communication
Elementary Grades (6 yrs to 11 yrs)	<p>The child is showing difficulty with....</p> <ul style="list-style-type: none"> <input type="checkbox"/> Engaging in topic maintenance, by staying on topic for extended interactions <input type="checkbox"/> Balancing comments and requests for information <input type="checkbox"/> Adapting vocal tone to different listeners (e.g., adults versus peers) <input type="checkbox"/> Providing essential background information based upon listener’s perspective <input type="checkbox"/> Initiating and maintaining conversations that are sensitive to the social context and the interests of others <input type="checkbox"/> Using emotions of others to guide behavior in social interactions (e.g., selecting topics based on another’s preferences, praising others, sharing empathy). <input type="checkbox"/> Enacting social sequences in a representational manner by incorporating themes or modifications introduced by others (e.g., role playing and visualizing an event before it takes place)
Secondary Grades (12 yrs to 21 yrs)	<p>The adolescent is showing difficulty with....</p> <ul style="list-style-type: none"> <input type="checkbox"/> Understanding and using nonverbal gestures, facial expressions, and gaze to express and follow subtle intentions (e.g., sarcasm and other nonliteral meanings) <input type="checkbox"/> Understanding and using intonation cues to express and follow emotional states <input type="checkbox"/> Understanding and using more sophisticated syntax to provide background information for one’s listener <input type="checkbox"/> Understanding and using more sophisticated syntax to show relationships between sentences in conversational discourse <input type="checkbox"/> Understanding reading passages and using written expression to share experiences <input type="checkbox"/> Problem solving and self-monitoring future, goal-directed, behavior (i.e., executive functioning) <input type="checkbox"/> Perceiving one’s actions within social events and predicting social behavior in others in order to self-monitor <input type="checkbox"/> Effectively negotiating and collaborating within interactions with adults and peers

This table was developed by Pileggi, Rubin, Farran & Weldon (2018) based on information from Gard, Gilman, & Gorman (1993), Prizant, Wetherby, Rubin, Laurent & Rydell (2006), and Russell (2007).

Example Parent/Guardian Screening Consent

[Insert School Logo Here]

[Insert Date of Letter Here]

Dear Parent/Guardian/Caregiver:

On [Insert Date of Screening Here], [Insert Name of School Here] will conduct a series of health screens to determine how health may impact learning.

Each of the screening procedures will be facilitated by trained professionals **at no cost to you or your insurance**. The screenings will take place at your child's school under supervision by school staff members. Attached [if applicable] you can find a table containing links for each screening tool that will be used. Here you will find detailed information about each screen.

Additionally, attached you will find a brief questionnaire. This questionnaire contains questions about insurance, dental care, asthma, and behavioral health [if applicable]. By answering these questions, you are providing valuable information to help identify the needs of your student.

After the screening event, a report will be sent home with your student detailing the outcomes of each screening and any recommendations for further evaluation.

If your child has already had the proposed screenings, or you **DO NOT** want your child to be screened, please complete and return the Opt-Out Form at the end of this packet.

Please return the forms to the school by [Insert Desired Return Date]. If you need any assistance with the questionnaire or have questions, please contact [Insert Principal and/or Screening Coordinator] at [Provide Phone Number and Email].

Sincerely,

[Insert Principal and/or Screening Coordinator]

Screening Opt-In/Opt-Out Form

Name of Child: _____

Child's Grade: _____

Child's Teacher: _____

Opt In/Opt Out

- YES, please allow my child to participate in the screening event. (Opt-In)
- NO, I do not want my child to be screened. (Opt-Out)

Print Parent/Guardian/Caregiver Name *(please print your name clearly)*

Signature of parent/guardian/caregiver

Date: _____