

*** IF THERE ARE NO NONPROFIT PRIVATE SCHOOLS IN YOUR TOWN OR REGIONAL SCHOOL DISTRICT, DO NOT COMPLETE THIS FORM. YOUR TOWN OR REGIONAL SCHOOL DISTRICT IS NOT ELIGIBLE FOR PARTICIPATION IN THE HEALTH SERVICES GRANT PROGRAM.**

TOWN CODE DATE

CONTACT PERSON TELEPHONE

FOR EACH CATEGORY LISTED BELOW, INDICATE WHETHER THE SERVICE IS APPLICABLE TO YOUR PUBLIC SCHOOLS SYSTEM'S PROGRAM OF HEALTH SERVICES FOR THE GENERAL SCHOOL POPULATION:

SERVICES TO PUBLIC SCHOOL CHILDREN

		YES	NO
SCHEDULE 1:	SERVICES OF SCHOOL PHYSICIAN	___	___
SCHEDULE 2:	SERVICES OF SCHOOL NURSE	___	___
SCHEDULE 3:	SERVICES OF DENTAL HYGIENIST	___	___

ATTACH AND SUBMIT ALL SCHEDULES WHICH APPLY TO YOUR TOWN.

NOTE: Any changes to the service plan made during the school year should be sent to: Stephanie Knutson, Consultant, State Department of Education, 25 Industrial Park Road, Middletown, CT 06457.

CERTIFICATION FOR PUBLIC SCHOOL SYSTEM

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF

SUPERINTENDENT OF SCHOOLS SIGNATURE DATE
NAME (TYPED)

TOWN CERTIFICATION

I HAVE RECEIVED AND REVIEWED THIS REPORT. I AM AWARE THAT THE SERVICES DETAILED HEREIN SHALL BE PROVIDED BY THE TOWN OR REGIONAL SCHOOL DISTRICT TO NONPUBLIC SCHOOL CHILDREN IN ACCORDANCE WITH SECTION 10-217a OF THE CONNECTICUT GENERAL STATUTES (C.G.S.).

Indicate whether your town delegates to the local Board of Education the administration of this program.
___ Yes ___ No

If your response to the above is No, identify the town contact person for this program.

CHIEF MUNICIPAL OFFICIAL SIGNATURE DATE
NAME (TYPED)



SCHEDULE 1: SERVICES OF SCHOOL PHYSICIAN – LOCAL SCHOOL DISTRICT _____

ITEM 1: DO YOU PROVIDE ANY SCHOOL PHYSICIAN SERVICES TO THE GENERAL STUDENT POPULATION OF YOUR LOCAL PUBLIC SCHOOLS?

YES NO

IF THE ANSWER TO ITEM 1 IS NO, STOP HERE. YOUR TOWN OR REGIONAL SCHOOL DISTRICT DOES NOT TREAT THIS SERVICE IN ITS PUBLIC SCHOOLS AS A HEALTH SERVICE; THEREFORE, IT CANNOT BE REIMBURSED UNDER C.G.S. SECTION 10-217A FOR SCHOOL PHYSICIAN SERVICES PROVIDED TO NONPUBLIC SCHOOL CHILDREN. YOU MUST NOT REPORT ANY COSTS OF SUCH SERVICES ON YOUR NON PUBLIC HEALTH SERVICES GRANT APPLICATION (FORM ED 017).

IF THE ANSWER TO ITEM 1 IS YES, COMPLETE THE BALANCE OF THIS SCHEDULE.

ITEM 2: FOR EACH OF THE SERVICES LISTED BELOW, PLEASE INDICATE THE GRADE RANGE BEING SERVED. ENTER NONE OR N/A IF A PARTICULAR SERVICE IS NOT OFFERED TO THE GENERAL STUDENT POPULATION.

Any service listed in this category for which reimbursement is sought as a special education service on Form ED 001, Schedule 4, Column 2, cannot be included in this schedule.

A. HEALTH ASSESSMENTS

RANGE OF GRADES SERVED

STATE MANDATED

ATHLETIC PARTICIPATION

HEALTH PROBLEM

B. MEDICAL CONSULTATION

C. IMMUNIZATION PROGRAM

D. MAINTENANCE OF STANDING ORDERS

OTHER SERVICES BEING PROVIDED (PLEASE SPECIFY BELOW)

1. _____
2. _____
3. _____

THE SERVICES INDICATED ABOVE WHICH ARE BEING PROVIDED TO THE GENERAL STUDENT POPULATION IN YOUR TOWN'S OR REGIONAL SCHOOL DISTRICT'S PUBLIC SCHOOLS ARE THE SAME HEALTH SERVICES YOUR TOWN OR REGIONAL SCHOOL DISTRICT IS OBLIGATED TO PROVIDE TO CHILDREN ATTENDING ELIGIBLE NONPUBLIC SCHOOLS (PURSUANT TO C.G.S. SECTION 10-217A).



SCHEDULE 2: SERVICES OF SCHOOL NURSE – LOCAL SCHOOL DISTRICT _____

ITEM 1: DO YOU PROVIDE ANY SCHOOL NURSE SERVICES TO THE GENERAL STUDENT POPULATION OF YOUR LOCAL PUBLIC SCHOOLS?

YES NO

IF THE ANSWER TO ITEM 1 IS NO, STOP HERE. YOUR TOWN OR REGIONAL SCHOOL DISTRICT DOES NOT TREAT THIS SERVICE IN ITS PUBLIC SCHOOLS AS A HEALTH SERVICE; THEREFORE, IT CANNOT BE REIMBURSED UNDER C.G.S. SECTION 10-217A FOR SCHOOL PHYSICIAN SERVICES PROVIDED TO NONPUBLIC SCHOOL CHILDREN. YOU MUST NOT REPORT ANY COSTS OF SUCH SERVICES ON YOUR NON PUBLIC HEALTH SERVICES GRANT APPLICATION (FORM ED 017).

IF THE ANSWER TO ITEM 1 IS YES, COMPLETE THE BALANCE OF THIS SCHEDULE.

ITEM 2: FOR EACH OF THE SERVICES LISTED BELOW, PLEASE INDICATE THE GRADE RANGE BEING SERVED. ENTER NONE OR N/A IF A PARTICULAR SERVICE IS NOT OFFERED TO THE GENERAL STUDENT POPULATION.

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	RANGE OF GRADES SERVED
A. NURSING ASSESSMENTS	_____
B. HEALTH CARE PLANNING	_____
C. NURSING INTERVENTION	_____
D. HEALTH COUNSELING	_____
E. CRISIS/EMERGENCY INTERVENTION	_____
F. HEALTH SCREENING	_____
VISION	_____
HEARING	_____
POSTURAL	_____
HEIGHT/WEIGHT	_____
BLOOD PRESSURE/PULSE	_____
TUBERCULIN SKIN TEST	_____
HEMOGLOBIN/HEMATOCRIT TESTING	_____
URINALYSIS	_____
G. IMMUNIZATIONS	_____
H. ADMINISTRATION OF MEDICATION	_____
OTHER SERVICES BEING PROVIDED (PLEASE SPECIFY BELOW)	
1. _____	_____
2. _____	_____
3. _____	_____

THE SERVICES INDICATED ABOVE WHICH ARE BEING PROVIDED TO THE GENERAL STUDENT POPULATION IN YOUR TOWN'S OR REGIONAL SCHOOL DISTRICT'S PUBLIC SCHOOLS ARE THE SAME HEALTH SERVICES YOUR TOWN OR REGIONAL SCHOOL DISTRICT IS OBLIGATED TO PROVIDE TO CHILDREN ATTENDING ELIGIBLE NONPUBLIC SCHOOLS (PURSUANT TO C.G.S. SECTION 10-217A).

SCHEDULE 3: SERVICES OF DENTAL HYGIENIST – LOCAL SCHOOL DISTRICT _____

ITEM 1: DO YOU PROVIDE ANY DENTAL HYGIENIST SERVICES TO THE GENERAL STUDENT POPULATION OF YOUR LOCAL PUBLIC SCHOOLS?

YES NO

IF THE ANSWER TO ITEM 1 IS NO, STOP HERE. YOUR TOWN OR REGIONAL SCHOOL DISTRICT DOES NOT TREAT THIS SERVICE IN ITS PUBLIC SCHOOLS AS A HEALTH SERVICE; THEREFORE, IT CANNOT BE REIMBURSED UNDER C.G.S. SECTION 10-217A FOR SCHOOL PHYSICIAN SERVICES PROVIDED TO NONPUBLIC SCHOOL CHILDREN. YOU MUST NOT REPORT ANY COSTS OF SUCH SERVICES ON YOUR NON PUBLIC HEALTH SERVICES GRANT APPLICATION (FORM ED 017).

IF THE ANSWER TO ITEM 1 IS YES, COMPLETE THE BALANCE OF THIS SCHEDULE.

ITEM 2: FOR EACH OF THE SERVICES LISTED BELOW, PLEASE INDICATE THE GRADE RANGE BEING SERVED. ENTER NONE OR N/A IF A PARTICULAR SERVICE IS NOT OFFERED TO THE GENERAL STUDENT POPULATION.

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RANGE OF GRADES SERVED

A. EXAMINATION

B. PROPHYLAXIS

C. TOPICAL FLUORIDE

OTHER SERVICES BEING PROVIDED (PLEASE SPECIFY BELOW)

1. _____

2. _____

3. _____

THE SERVICES INDICATED ABOVE WHICH ARE BEING PROVIDED TO THE GENERAL STUDENT POPULATION IN YOUR TOWN'S OR REGIONAL SCHOOL DISTRICT'S PUBLIC SCHOOLS ARE THE SAME HEALTH SERVICES YOUR TOWN OR REGIONAL SCHOOL DISTRICT IS OBLIGATED TO PROVIDE TO CHILDREN ATTENDING ELIGIBLE NONPUBLIC SCHOOLS (PURSUANT TO C.G.S. SECTION 10-217A).

