|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **District Asthma Reporting Summary Form** | | | | | | | |
| **2016 – 2017 School Year** | | | | | | | |
| **(This page must be completed by the Nurse Supervisor / Health Services Director)** | | | | | | | |
| **Submit with Asthma Reporting Forms from all schools by 10/30/2017** | | | | | | | |
|  |  |  |  |  |  |  |  |
| **Name of School District:** | | | | | | | |
| **Name of Superintendent:** | | | | | | | |
| **Name of Person Completing Form:** | | | | | | | |
| **Phone Number:** | | | | | | | |
|  |  |  |  |  |  |  |  |
| **Number of schools in system:** | | | | | | |  |
| **Number of schools reporting:** | | | | | | |  |
| **Number of students with asthma diagnosis being reported:** | | | | | | |  |
|  |  |  |  |  |  |  |  |
| **Grades that require Health Assessment Record (HAR) for students:** | | | | | **For each selected grade, please indicate school district requirement for submission:** | | |
|  | | | | | **Prior1** | **During2** | **Either3** |
| Pre-Kindergarten | | | | |  |  |  |
| Kindergarten | | | | |  |  |  |
| 6th grade | | | | |  |  |  |
| 7th grade | | | | |  |  |  |
| 9th grade | | | | |  |  |  |
| 10th grade | | | | |  |  |  |
| 11th grade | | | | |  |  |  |
| Other, specify: | | | | |  |  |  |
| 1 Prior to entering the specified grade; 2 During enrollment of the specified grade, before advancing to the next grade | | | | | | | |
| 3 Either prior to or during enrollment. | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Schools Not Reporting (List):** | | | | |  | | |
|  | | | | |  | | |
|  | | | | |  | | |
|  | | | | |  | | |
|  |  |  |  |  |  |  |  |
| I certify that this information is complete and accurate to the best of my knowledge. | | | | | | |  |
|  | | | | |  |  |  |
| Signature | | | | | Date |  |  |
|  |  |  |  |  |  |  |  |
| **Please return this form & *Asthma Reporting Forms* for each school in your district to:** | | | | | | | |
|  |  |  |  |  |  |  |  |
| |  |  |  | | --- | --- | --- | | Asthma Program  CT Department of Public Health  410 Capitol Avenue MS#11HLS  PO Box 340308  Hartford, CT 06134 | *or* | [dph.asthmaprogram@ct.gov](mailto:dph.asthmaprogram@ct.gov)  Attach files (\*.PDF, \*.DOC, or \*.DOCX) to your message.  **Please do not send image files of scanned forms.** | | | | | | | | |

Download Forms at http://www.ct.gov/dph/asthma. Click on "Schools" then "Asthma Reporting Forms".