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| **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:** |
|  |  |  |  |  |  |  |  |
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| Asthma ProgramCT Department of Public Health410 Capitol Avenue MS#11HLSPO Box 340308Hartford, CT 06134 | *or* | dph.asthmaprogram@ct.govAttach files (\*.PDF, \*.DOC, or \*.DOCX) to your message.**Please do not send image files of scanned forms.** |

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