Connecticut State Department of Education

Health Services Program Information Survey Report

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Developed for:

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Executive Summary

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The Connecticut State Department of Education (CSDE), as part of its ongoing efforts to support and expand school health services provided to Connecticut students, is continuing the data collection process for school health services that began in 2004. This process is designed to assist the CSDE in understanding the status of school health services in Connecticut school districts, the needs of school districts and students in school health services, and the progress being made in these areas over time. As one component of these ongoing efforts, the CSDE commissioned the Center for Program Research & Evaluation (CPRE) at EdAdvance to develop an online survey to collect information regarding the status of school health services from school districts throughout the state.

The survey development process was designed to encourage state and district staff participation through each stage. The process included the CSDE's initial consultation with the CPRE. The survey was developed for data collection after reviewing the professional literature on school health services. The CSDE and the Connecticut State Health Records Committee (CSHRC) assisted EdAdvance in adapting the survey development process as necessary to meet the needs of school districts and the CSDE.

The CSDE and the CSHRC provided suggestions to EdAdvance for areas and categories for which they sought information. Additionally, as appropriate, questions were used from similar surveys administered by other states. These questions were intended to maximize survey reliability and allow Connecticut to compare results as necessary with results from other states.

EdAdvance staff developed specific questionnaire items based on these suggestions and questions asked on other state health questionnaires. The CSDE and CSHRC approved all aspects of survey development before survey administration. The survey was pilot tested in the spring of 2003. Based on the pilot test results and consequent survey administrations, the survey has been revised as necessary over time.

Scales were developed using a Likert-type scale to identify perceptions of an item's importance, satisfaction, or frequency. Open-ended questions let respondents comment freely on their expectations, needs, and satisfaction. Survey questions have been revised each year slightly based on district requests or survey data analysis results.

The Coordinator of Health Services (or equivalent) in each Connecticut school district was asked to complete the online survey.

Questionnaire results were analyzed statistically using IBM SPSS Statistical software. Frequencies and means were obtained on all data as appropriate.

Profile of Districts Who Participated in the Data Collection Process:

For 2025-2026, 161 surveys were completed and submitted in time to be analyzed (a 7.5% decrease from the 2024-2025 school year response number of 174).
Suburban districts accounted for 53% of responses, while urban districts were represented by 12%, and rural districts were 35%.

Conclusions and Recommendations

Nursing staff from numerous school districts in Connecticut offered valuable insights into the state of health services across the region. These insights were gleaned from quantitative survey responses and the expansive qualitative comments. After a meticulous analysis of the data collected during the survey's twenty-second year of administration, CSDE and EdAdvance staff drew the following conclusions regarding the landscape of school health services in Connecticut:

- The response rate remained strong at 80.9%, though it declined from the 87.4% recorded in 2024-2025. The response rate has now remained above 70% every year since 2022-2023.
- In the 2025-2026 academic year, districts reported 4,459 diagnosed concussions, a modest decrease from the previous year's figure of 4,632. Concussions peaked in Grade 10 (865), and male students accounted for 57% of all concussions reported by grade.
- Football, boys' soccer, and girls' soccer accounted for the highest number of diagnosed concussions among school sports. Cheerleading, boys' basketball, and wrestling followed closely. Two new response options, boys' and girls' flag football, together accounted for 24 concussions in their first year of collection.
- The need for enhanced mental health services training and support remained the single most common theme across districts, continuing a trend observed over the past five to ten years. New survey items added this year show how deeply school nurses are now embedded in mental health work: mental health was ranked the second most frequent reason for a 911 call for a student, 6.8% of all dismissals were for mental health reasons, 29.2% of districts reported that a school nurse had called 211 for a student, and 90% of districts reported that nurses refer students directly to mental health professionals.
- Responding districts reported 53,472 students diagnosed with asthma. Newly added allergy categories revealed a much larger allergy burden than previously captured, including 24,196 students with environmental or seasonal allergies and 19,412 students with medication allergies.
- New items on food insecurity showed that 87% of districts provide snacks to students, 59% collaborate with food services, and 57% refer families to community food resources. The question on the number of homeless children was not included in the 2025-2026 survey, so no comparison to the prior year's count of 3,564 is available.

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Introduction

EdAdvance submits this report to the Connecticut State Department of Education (CSDE) to collect survey data to assist the CSDE in identifying the status of school health services in Connecticut.

Survey results are used to monitor the characteristics and trends in school health services in CT school districts at the elementary, middle, and high school levels. Data were collected through the administration of the Health Services Program Information Survey. This report summarizes the data collection results for the 2025-26 academic year. This is the twenty-second year for which data has been collected.

Review of the Literature

A summary of national literature regarding the importance of school health services and student health to student academic performance was provided in the 2003-04 report and will not be repeated here. The concepts outlined in this review of the literature were used to guide and focus data collection efforts and include the following:

Academic Performance and Health

- Nutrition
- Physical Health
- Mental Health
- Vision Care
- Access to Health Care and Coverage

Status of Student Health

- Alcohol and Drug Use
- Injury & Violence Prevention (including suicide)
- Nutrition
- Physical Activity
- Sexual Behaviors
- Tobacco Use

Status of School Health Services

- Staffing
- Medication Administration
- Computer Software Available
- Role of School Health Services
- Guidelines and Ratios
- Health Care Provision in School Districts
- Effectiveness of School Health Services

Emerging Issues

- Concussion Occurrence
- Food Safety
- Asthma
- Skin Cancer
- Type I Diabetes
- Type II Diabetes

- Dental Disease
- COVID
- Homelessness

Data Collection Process

Survey Development

The 2003-04 report described all survey development processes and will not be repeated here. Based on the 2009-10 survey administration results, a limited number of changes were made in the survey before the 2011 through 2015 administrations and again for the 2015-16 survey. The CSDE and the Connecticut State Health Records Committee assisted EdAdvance in adapting the survey as necessary to meet the needs of school districts and the CSDE. Ongoing adaptations have been made in collaboration with Elizabeth Radday, Ed.D., Director of the Center for Program Research & Evaluation at EdAdvance.

Reliability was maximized through a comprehensive pilot testing process and the development of questions following generally accepted standards. Survey validity is primarily determined using a survey development process that collects all relevant, vital concepts and is usually assessed non-statistically by a panel of experts. This survey was developed in close partnership with CSDE. The questionnaire is expected to be sufficiently valid and reliable.

Survey Administration

Chlo-Anne Bobrowski, the CSDE Education Manager, introduced participants to the purpose and history of the survey and shared it with the group online. Ms. Bobrowski answered questions concerning the survey completion's practicalities, state expectations for its completion, and expected use of the data. Dr. Radday also attended two online Community of Practice meetings with school nurses to introduce the survey and answer any questions.

The CSDE sent a letter of intent to each Coordinator of Health Services or the equivalent in Connecticut, informing them that they would shortly receive an email link requesting they complete the survey. The letter directed recipients to the EdAdvance Qualtrics survey website for survey completion.

The CSDE and EdAdvance responded to questions and concerns regarding the survey as they arose. Of the 199 questionnaires distributed, 161 responses were sufficiently completed in time to be analyzed, yielding a response rate of 80.9%.

Data Analysis Methodology

Survey results were analyzed using IBM SPSS Statistical software. The total number of individuals, frequencies, and means were obtained as appropriate. Open-ended questions were anonymized and analyzed for themes using Google’s Gemini AI application.

Changes to the Survey Instrument for 2025-2026

The 2025-2026 survey included the most substantial revision of the instrument in several years. Readers comparing this report with prior years should note the changes summarized below. Where a table in this report contains an item collected for the first time, that item is flagged in the table itself.

New questions added. Districts were asked, for the first time, about: the annual volume of PRN and scheduled asthma treatments and whether the district holds standing orders for stock albuterol and oxygen; whether six specific emergency medications or treatments were administered during the school day; whether a school nurse has called 211 or 988 for a student and how often nurses collaborate with behavioral health staff; whether a school nurse completes CIRMA/Workers' Compensation forms for staff injuries; whether a full-time RN works in each building; whether a non-nurse administrator makes medical decisions for students; whether nurses are represented by a union; the number of Nationally Certified School Nurses and members of professional nursing organizations; district support for professional development, dues, and certification stipends; whether nurses act as case manager for 504 plans; whether the district is a clinical site for student nurse training; whether protocols exist for nurses to refer students to counselors or other mental health professionals; how districts support students experiencing food insecurity; and the average number of daily nurse visits for a snack.

New categories added within existing questions. The allergy question was expanded from three categories to seven, adding food allergies not requiring epinephrine, environmental/seasonal allergies, and medication allergies. Celiac disease and cystic fibrosis were added as separate health conditions, and Crohn's disease, irritable bowel syndrome, and diverticulitis were consolidated into a single chronic gastrointestinal conditions category. Boys' and girls' flag football were added to the concussion-by-sport list. Mental health was added as a dismissal reason, as a 911-call reason to be ranked, and, together with primary care/pediatrician, as a dismissal destination. Teaching CPR was added both to the health education collaboration list and to the teaching involvement list, and alcohol and other drug use were separated into two items. Associate's Degree Nursing (ADN), Nationally Certified School Nurse (NCSN), and Master's in Public Health were added as nurse leader qualifications, responding directly to district feedback in the 2024-2025 survey. School-based health centers are now reported separately as Department of Public Health and non-Department of Public Health centers.

Questions removed or reworded. The question asking the average length of time that concussion accommodations were needed was removed, as was the question on the number of homeless children. Speech disorders and cochlear implants are no longer collected as separate health conditions. The mental health, body mass index, and nutrition screening question was narrowed to screenings performed by the school nurse; the special dietary needs question was clarified to count only students requiring an accommodating meal; and the question on bullying or trauma was reworded to challenging behaviors or trauma. The two open-ended questions in the Student Health section were combined into a single question. Because of these changes, year-over-year comparisons for the affected items should be made with caution.

Results

The response total's mean frequencies or mean responses are listed below as appropriate. Responses of "Don't Know" were not calculated in the analysis.

Demographics

Table 1: District Type

Type of District	Number of Districts Responding	Percent
Suburban	85	53%

Type of District	Number of Districts Responding	Percent
Rural	56	35%
Urban	20	12%

Concussion Findings

Across all districts, survey participants reported that there were 4,459 diagnosed concussions during the 2025-2026 school year (compared to 4,632 during the 2024-25 school year). The number of FEMALE vs. MALE students diagnosed with a concussion by grade level during the school year is detailed in the table below:

Table 2: Students Diagnosed with Concussion

Grade	Female	Male	Total
Pre-Kindergarten	**3**	**6**	**9**
Kindergarten	**22**	**29**	**51**
1st Grade	**27**	**34**	**61**
2nd Grade	**26**	**54**	**80**
3rd Grade	**41**	**65**	**106**
4th Grade	**70**	**116**	**186**
5th Grade	**94**	**143**	**237**
6th Grade	**128**	**181**	**309**
7th Grade	**163**	**209**	**372**
8th Grade	**211**	**253**	**464**
9th Grade	**272**	**377**	**649**
10th Grade	**353**	**512**	**865**
11th Grade	**282**	**341**	**623**
12th Grade	**261**	**308**	**569**
Total	**1,953**	**2,628**	**4,581**

There is a significant increase in concussions in high school compared to the younger grades, which may be attributed to the increase of interscholastic sports offerings. Of the diagnosed concussions that occurred during the 2025-2026 school year, the number of occurrences in the settings listed below was reported by districts:

Table 3: Diagnosed Concussions by Activity

Districts were asked to identify the setting in which each diagnosed concussion occurred. Interscholastic school athletics accounted for the largest single share, though concussions occurring outside of school, both sports and non-sports related, together accounted for more than a third of all reported occurrences.

Setting in Which the Concussion Occurred	Concussions
School Athletics – Interscholastic	1,217
Outside of School – Non-Sports Related (e.g., car accident, playground fall, accident at home)	803
Outside of School – Sports Related (e.g., AAU, recreation teams, skiing, dance)	791

Setting in Which the Concussion Occurred	Concussions
Don't Know	359
School Recess	244
In School or Other School-Sponsored Activities (e.g., before/after care, field trips, classroom or hallway accidents)	244
Physical Education Class	187
School Athletics – Intramural	121
Total	3,966

Table 4: Diagnosed Concussions by Sport

Of all diagnosed concussions that occurred during school-related sports events, occurrences are broken out by each school sport below. Boys' flag football and girls' flag football were added as response options for the first time in 2025-2026.

Sport	Concussions
Football	532
Boys Soccer	163
Girls Soccer	151
Other	129
Cheerleading	119
Boys Basketball	115
Wrestling	111
Boys Lacrosse	99
Boys Ice Hockey	97
Girls Basketball	88
Girls Lacrosse	58
Girls Volleyball	57
Baseball	56
Field Hockey	43
Rugby	35
Gymnastics	28
Softball	27
Swimming and Diving	24
Girls Ice Hockey	23
Boys Flag Football (new category)	14
Track and Field	14
Dance Team	12
Girls Flag Football (new category)	10
Girls Cross Country	7
Girls Tennis	5
Boys Cross Country	4
Boys Tennis	4

Sport	Concussions
Boys Volleyball	4
Girls Golf	1
Boys Golf	0
Total	2,030

There were several other reasons for concussions, with the most common being skiing and snowboarding. Other reasons included horseback riding, ice skating, sledding, scooter and bicycle accidents, color guard, and falls or accidents at home or during recess. The "other" occurrences could be broadly categorized as happening during recreational activities, unstructured play, and accidents or altercations. The majority of concussions occurring in a school-related setting (1,217) occurred in interscholastic sports.

For students diagnosed with concussions during the 2025-26 school year, the accommodations below were provided for the following number of students.

Table 5: Students Requiring Accommodations

Accommodation	Students
Physical Activity Accommodations	3,739
Academic Accommodations	2,778
Individual Health Care Plan	603
No accommodations required	589
Section 504 Plan	262
Homebound Instruction	39

The number of students (if known) who missed school days due to diagnosed concussions during the 2025-2026 school year is in the table below.

Table 6: Students Missing School Days Due to a Diagnosed Concussion

# Days Missed	# Students
Less than five school days	2,956
5 to 10 school days	301
11 to 15 school days	73
16 to 20 school days	12
21 to 60 school days	15
61 to 120 school days	3
Greater than 120 school days	1
Don't Know	144

Student Health

Responding districts provided data on various topics related to student health. The 2025-2026 survey gathered information on the healthcare needs of students served in these districts. The allergy portion of this question was substantially expanded this year, and several conditions were

added, consolidated, or removed; items collected for the first time are noted in the table. The results are summarized below.

Table 7: Students with Specific Health Care Needs

Health Care Need	# of Students
Asthma	53,472
Behavioral/Emotional – ADHD/ADD	29,228
Allergies – Environmental/Seasonal (new category)	24,196
Allergies – Medication (new category)	19,412
Allergies – Food (life-threatening)	18,490
Behavioral/Emotional – Anxiety	14,664
Allergies – Food (no epinephrine required) (new category)	13,378
Autism Spectrum Disorders	13,362
Behavioral/Emotional – Depression	5,951
Behavioral/Emotional – Other	5,200
Allergies – Other	4,544
Seizure Disorder	3,637
Migraine Headaches	3,458
Cardiac Conditions	3,134
Chronic GI Conditions – Crohn's, IBS, Diverticulitis (consolidated category)	2,664
Allergies – Insect Sting	2,244
Neurological Impairment (non-seizure)	2,168
Severe Hearing Impairment and/or Deafness (including cochlear implants or FM system)	1,928
Severe Vision Impairment and/or Blindness	1,878
Celiac Disease (new category)	1,264
Diabetes Type I	1,247
Chronic Orthopedic Impairment	1,175
Blood Dyscrasias – Other	918
Allergies – Latex	843
Behavioral/Emotional – Eating Disorders	768
Swallowing/Feeding Dysfunction	551
Cerebral Palsy	530
Lyme Disease	480
Blood Dyscrasias – Sickle Cell Trait	435
Arthritis	410
Cancer	330
Hypertension	215
Diabetes Type II	211
Blood Dyscrasias – Hemophilia	201
Spina Bifida	89

Health Care Need	# of Students
Cystic Fibrosis (new category)	84
Long Covid	58

Approximately 7,071 students across all reporting school districts have special dietary needs documented by an appropriate medical statement maintained on file. This figure is substantially lower than the 15,898 reported in 2024-2025; the question was clarified in 2025-2026 to count only those students who require an accommodating meal because of their condition, so the two years are not directly comparable.

Table 8: Dietary Accommodations by Diagnoses

Dietary Accommodations	# of Districts Reporting	% of Districts
Tree nut allergies	158	98%
Lactose intolerance	156	97%
Peanut allergies	155	96%
Other food allergies	154	96%
Egg allergies	150	93%
Milk allergies	150	93%
Shellfish allergies	149	93%
Wheat/gluten allergies	146	91%
Diabetes	144	89%
Fish allergies	141	88%
Seed allergies (sesame, pits, etc.)	138	86%
Celiac disease	135	84%
Soy allergies	133	83%
Other diagnoses	113	70%

Table 9: Emergency Medications and Treatments Administered

New for 2025-2026, districts were asked whether any of the following emergency medications or treatments were administered to students during the school day in any school within the district.

Emergency Medication / Treatment	# of Districts Administering	% of Districts
Epinephrine	58	36.0%
Antiepileptic	48	29.8%
Glucagon	8	5.0%
Naloxone	6	3.7%
Automatic External Defibrillator	0	0.0%

Emergency Medication / Treatment	# of Districts Administering	% of Districts
Cardio Pulmonary Resuscitation	0	0.0%

126 students with DIAGNOSED and 32 students with UNDIAGNOSED life-threatening food allergies required the administration of epinephrine during the 2025-2026 school year. One district reported an outlying figure of 340 diagnosed students, which was excluded from this total; that response is more than fifteen times the next highest district and is not consistent with the staff-level breakdown reported below.

Table 10: Number of Students with Life-Threatening Food Allergies Administered Epinephrine by the Following Individuals

Staff	Epinephrine Administration to DIAGNOSED Students	Epinephrine Administration to UNDIAGNOSED Students
School Nurse (RN) / Nurse	102	31
Other Personnel	7	0

Table 11: Districts Performing Procedures

Procedure	# of Districts	% of Districts
Blood Sugar Testing	144	89%
Insulin Pump Management	135	84%
Nebulizer Treatments	100	62%
Gastrostomy Tube Feedings	84	52%
Other Treatments	48	30%
Catheterizations	42	26%
Suctioning	41	25%
Ostomy Care	37	23%
Oxygen Therapy	28	17%
Tracheostomy Care	25	16%
Nasogastric Tube Feedings	11	7%
Ventilator Care	10	6%
IV Therapy	5	3%

Table 12: Asthma Treatment Volume and Standing Orders

New for 2025-2026, districts reported the annual volume of asthma treatments delivered in school and whether they hold standing orders for stock albuterol and oxygen. Medians are reported alongside totals because a small number of large districts account for a disproportionate share of treatments.

Measure	Result
Total PRN asthma treatments (inhalers and nebulizer treatments) given per year, all reporting districts	135,915
Median PRN asthma treatments per district per year	344.5
Total scheduled daily asthma treatments given per year, all reporting districts	93,597
Median scheduled daily asthma treatments per district per year	128.5
Districts with standing orders for stock albuterol	46 districts (28.6%)
Districts with standing orders for oxygen	33 districts (20.5%)

Table 13: Percentage of Students Returned to Class within ½ Hour

Students Returned within ½ Hour	% Response
0-25%	0%
26-50%	1%
51-75%	20%
76-100%	79%

Table 14: Reason for Student Dismissal

Reason for Dismissal	% Students Dismissed
Illness	79.1%
Injury	11.1%
Mental Health (new category)	6.8%
Other	2.9%

Table 15: Dismissal Destination

Dismissal Destination	% to Destination
Home	87.1%
Primary Care/Pediatrician (new category)	5.5%
Emergency Room	4.0%
Other Healthcare Provider	1.7%
Mental Health/Crisis Clinic (new category)	1.6%

Table 16: 911 Calls

Reason of Call	# of Calls
For Students	1,492
For Staff	1,470

Two districts reported implausible 911 call counts (101,111,111 calls for students and 1,111 calls for staff) and were excluded from the totals above. Respondents to the survey were asked to rank the reasons for 911 calls for students. Mental health was added as a ranking option for the first time in 2025-2026 and was ranked the second most frequent reason. The order of responses from most to least frequent was:

1. Injuries
2. Mental Health

3. Seizure
4. Anaphylaxis
5. Other

Table 17: Crisis Line Use and Collaboration with Behavioral Health Staff

New for 2025-2026, districts were asked whether a school nurse had contacted the 211 or 988 crisis lines for a student, and how often the school nurse collaborates with behavioral health or clinical staff on mental health issues that result in calls to 911, 211, or 988.

Measure	# of Districts	% of Districts
School nurse has called 211 for a student	47	29.2%
School nurse has called 988 for a student	7	4.3%
Collaborates with behavioral health staff – All the time	68	42.2%
Collaborates with behavioral health staff – Some of the time	77	47.8%
Collaborates with behavioral health staff – Rarely	12	7.5%
Collaborates with behavioral health staff – Never	3	1.9%

In addition, 83 districts (51.6%) reported that a school nurse completes CIRMA or Workers' Compensation forms for staff injuries, a question asked for the first time this year.

Table 18: Students Referred to Receive Health Insurance

Referrals	# of Students
Health Insurance Referrals	1,692

The three districts reporting the most referrals, two of them large urban districts, account for 47% of the total referrals for health insurance. The question asking districts to report the number of homeless children, which appeared in prior years, was not included in the 2025-2026 survey.

Services Provided in Connecticut School Districts

Table 19: Number of Students Receiving Services

Health Service	# Receiving Service	# Referred to Outside Provider
Body Mass Index Screening	3,375	50
Mental Health Consultation/Screening (by the school nurse)	2,929	877
Nutrition Screening	1,431	364

Table 20: Number of Students Referred to an Outside Provider as the Result of Mandated Screenings

Mandated Service	# Referred to Outside Provider
Vision	17,307

Mandated Service	# Referred to Outside Provider
Hearing	4,867
Scoliosis	1,473

Staffing of Health Services in Connecticut School Districts

Table 21: Number and Classification of Staff

Staff Type	Nursing Staff Classification	Total Staff (FTE)
Registered Nurses	School Nurse	1,255.2
Registered Nurses	Nurse Leader (with school nurse assignment)	97.4
Registered Nurses	Nurse Leader (no school nurse assignment)	50.5
Registered Nurses	One-to-One Nurse	67.5
Registered Nurses	Permanent Float Nurse	47.3
Registered Nurses	Total RN Staff	1,517.8
Nursing Support	Health Aide	96.4
Nursing Support	Licensed Practical Nurse	84.5
Nursing Support	Nursing Clerk/Other Support Staff	60.4
Nursing Support	Total Support Staff	241.3
Total Staff		1,759.1

District Medical Advisor:

84.5% of survey participants indicated that a medical advisor provided monthly services (136 out of 161 districts). For the responding districts, the average amount of time spent by the medical advisor in the district per month was 4.1 hours. New this year, 139 districts (86.3%) reported having a full-time RN working in each building, and 14 districts (8.7%) reported that a non-nurse administrator makes medical decisions for students. 93 districts (57.8%) reported that their nurses are represented by a union.

Table 22: Medical Advisor Specialties

Specialty	% of Districts with Medical Advisor Specialty
Pediatrics	73%
Adolescent Health	32%
Family Medicine	30%
General Medicine	17%
Public Health	7%
Internist	6%
Sports Medicine	4%
Orthopedics	1%
No District Medical Advisor	1%

District Dental Services:
Results for 2025-2026 show that the majority (80.1%) of responding districts do NOT provide dental services to their students. Among the 31 districts that do, 96.8% received services from a dental hygienist and 3.2% received services from a dentist.

Table 23: Nurse to Student Ratio

	One Nurse to less than 250 Students	One Nurse to 251-500 Students	One Nurse to 501-750 Students	One Nurse to more than 750 Students	No response
Elementary	27%	64%	7%	2%	1%
Secondary	21%	39%	29%	10%	1%

Results suggest that most Connecticut school districts continued to meet national guidelines recommending that districts have a nurse-to-student ratio of no less than 1 nurse for every 750 students in the general population. The guidelines also recommend one nurse for every 225 students in populations with complex healthcare needs and one nurse per student for individual students who require daily and continuous professional nursing services. At the secondary level, however, 39% of districts reported a ratio of more than 500 students per nurse, and 10% reported more than 750 students per nurse.

Table 24: Qualifications of Nurse Leaders

Qualifications	Nurse Leader	Nurse Leader 2	Nurse Leader 3	Nurse Leader 4	Nurse Leader 5	Total
BS Nursing	88	4	1	0	0	93
Associate's Degree Nursing – ADN (new option)	34	1	1	0	0	36
Master's of Science Nursing – MSN	17	0	0	0	0	17
Nationally Certified School Nurse – NCSN (new option)	13	0	0	0	0	13
Diploma RN	12	1	0	0	0	13
Other Bachelor's Degree	12	0	0	0	0	12
Other Master's Degree	11	1	0	0	0	12
Other Associate's Degree	5	0	0	0	0	5
Master's Public Health (new option)	1	0	0	0	0	1

Districts reported the qualifications of each nurse leader in their district. A district with more than one nurse leader reported additional qualifications under Nurse Leader 2 – 5 above. In response to district feedback in the 2024-2025 survey, Associate's Degree Nursing (ADN), Nationally Certified School Nurse (NCSN), and Master's in Public Health were added as response options this year; ADN was selected by 36 nurse leaders, making it the second most commonly reported qualification.

Table 25: School Nurse Certification and Professional Organization Membership

New for 2025-2026, districts reported the number of registered nurses holding national school nurse certification and the number of nurses belonging to professional nursing organizations.

Credential / Membership	# of Nurses Reported	# of Districts Reporting One or More
Nationally Certified School Nurse (NCSN)	87	36
National Association of School Nurses (NASN)	344	107
Association of School Nurses of Connecticut (ASNC)	211	84
Connecticut Nurses Association (CNA)	144	54
Other professional organizations	35	20

Table 26: District Support for Nursing Professional Development

Districts were also asked, for the first time, about the support they provide for nursing professional development, professional dues, and certification.

District Support	# of Districts	% of Districts
Provides reimbursement funds for nursing professional development	140	87.0%
Provides the statutory required 504 and IDEA professional development for new nurses/recent hires	124	77.0%
Pays for nurse membership in professional organizations	65	40.4%
Provides stipends for certifications	40	24.8%

Open-ended responses in the qualifications section repeatedly connected these findings: several nurse leaders reported that their districts offer no stipend or salary step for the NCSN credential or for graduate degrees, and that this removes any financial incentive to pursue further certification.

Health Coordination / Education

Table 27: Health Care Management Services

	A great deal	A lot	A moderate amount	A little	None at all
Development of Individual Healthcare Plan	79%	8%	6%	7%	1%
Development of Individual Emergency Plan	76%	9%	8%	6%	1%
Development of 504 Plan	17%	14%	39%	25%	5%
Case Manager of 504 Plan (new item)	4%	2%	12%	14%	68%
Staff training to meet individual student health needs	57%	22%	16%	4%	1%

Table 28: Collaboration with Colleagues to Implement Health Programs

Type of Program	% of Districts
Asthma	65.2%
Injury prevention and safety	65.2%
Student attendance/chronic absenteeism	64.6%
Emotional and mental health	56.5%
Physical activity and fitness	44.7%
Healthy relationships	37.3%
Foodborne illness prevention	34.2%

Type of Program	% of Districts
Nicotine-use prevention (including vaping, e-cigarettes)	32.3%
Suicide prevention	32.3%
Violence prevention (e.g., bullying, fighting)	31.7%
Other drug use, including cannabis (new item)	31.1%
Teaching CPR (new item)	29.8%
Alcohol (new item)	24.8%
Human sexuality	24.2%
Pregnancy prevention	14.9%
STD prevention	14.9%
HIV prevention	11.2%

Table 29: Involvement in Teaching

	A great deal	A lot	A moderate amount	A little	None at all
Disease Prevention	27.5%	14.4%	23.8%	16.2%	18.1%
Injury Prevention	21.2%	19.4%	21.9%	15.6%	21.9%
Nutrition	8.8%	14.4%	25.6%	30.0%	21.2%
Physical Activity	9.4%	15.6%	24.4%	21.9%	28.7%
Substance Abuse Prevention	5.6%	8.1%	21.2%	25.6%	39.4%
Human Sexuality Education	1.9%	4.4%	13.1%	33.8%	46.9%
Teaching CPR (new item)	2.5%	3.1%	4.4%	11.2%	78.8%

Table 30: Student Referrals to Sexual Health Services

Type of Sexual Health Service	% of Districts
A list of youth-friendly organizations to which youth can be referred for sexual health services.	44.7%
A written procedure for maintaining student confidentiality throughout the referral.	32.9%
Organizational partnerships, whether formal or informal, between districts and youth-friendly sexual health service providers.	31.7%
A written procedure for making referrals.	28.6%

Table 31: Computer Software Used

Software	% of Districts Using
SNAP	65.2%
PowerSchool	62.7%
CT WiZ	54.0%

Software	% of Districts Using
Other (written in)	5.6%
Other District-Wide Data Program	2.5%
Aspen	1.9%
Infinite Health	1.9%
Magnus Health	1.2%
School Nurse Manager	0.6%

Nine districts wrote in additional software. Infinite Campus was named by three districts; FileMaker, FACTS, SchoolCare/Final Forms, and a combination of Google Drive and Outlook were each named by one district. One district noted that SNAP, the most widely used product in the state, will no longer be available to them after the 2025-26 academic year.

Table 32: Health Services

Type of Health Service	# of Districts	% of Districts Providing
School-Based Health Center (any type)	41	25.5%
Non-Department of Public Health School-Based Health Center (new item)	27	16.8%
Department of Public Health School-Based Health Center (new item)	21	13.0%
Reproductive Health Services	21	13.0%

For the 2025-2026 school year, the questions added in 2024-2025 about student mental health support and safety were repeated, and a new question about food insecurity was added. These questions were included in order to learn more about the ways school nursing staff support students with mental health, behavioral, and basic-needs concerns. Nearly nine in ten districts (141 districts, 87.6%) reported having protocols in place for nurses to refer students to counselors or other mental health professionals, a question asked for the first time this year.

Table 33: How do you support students dealing with stress, anxiety, or other mental health challenges?

Support Strategy	Number of Districts	Percent of Districts (%)
Collaborating with parents and teachers to address concerns	156	96.9
Offering a quiet space or calming strategies for regulation	155	96.3
Referring students to mental health professionals	146	90.7

Support Strategy	Number of Districts	Percent of Districts (%)
Educating students about stress management, sleep, or nutrition as part of health services	143	88.8
Participating in the development of 504 or IEP accommodations related to mental health	141	87.6
Providing brief check-ins or emotional support during the school day	138	85.7
Documenting and monitoring mental health-related visits or concerns over time	133	82.6
Attending student support or intervention team meetings	125	77.6
Referring students for suicide risk assessments or safety planning (when necessary)	118	73.3
Connecting students with community resources	108	67.1
Coordinating care with external mental health providers or pediatricians (with consent)	102	63.4
Encouraging peer support, mentorship, or social-emotional learning opportunities	98	60.9
Advocating for mental health-related training or resources for school staff	91	56.5
Helping students create personalized self-care or coping plans	90	55.9
Other (please specify)	14	8.7

A small number of schools indicated that their role is primarily to refer students to internal school resources (social workers, school psychologists, school counselors) for mental health needs. Some schools that have School-Based Health Centers occasionally collaborate with their behavioral health specialists, and one district reported participating in a university research study on adolescent mental health. As in the prior year, one district indicated that nurses do not make external referrals for mental health care and instead refer within their school system, with those providers responsible for any external referrals.

Table 34: How do you address issues like challenging behaviors or trauma that may affect a student's health?

Response	Number of Districts	Percent of Districts (%)
Referring students to school counselors or mental health staff	159	98.8
Notifying parents/guardians when concerns arise	148	91.9
Collaborating with school staff on behavior intervention or safety plans	146	90.7
Working with multidisciplinary teams (e.g., MTSS, IEP/504 teams)	141	87.6
Monitoring physical symptoms related to stress or trauma	141	87.6
Reporting incidents according to school or district protocols	139	86.3
Supporting re-entry plans after hospitalization or crises	136	84.5
Conducting health check-ins or one-on-one student support	121	75.2
Participating in or facilitating threat or risk assessments	96	59.6
Participating in school-wide prevention programs or awareness campaigns	72	44.7
Providing resources for trauma-informed care	63	39.1
Other (please specify)	5	3.1

This question was reworded for 2025-2026 from “bullying or trauma” to “challenging behaviors or trauma,” so the results are not directly comparable to the prior year. Referral to school counselors or mental health staff remained nearly universal, and notification of parents and guardians rose to the second most common response. Participation in threat or risk assessments rose from 39.7% to 59.6% of districts.

Table 35: How do you communicate with families about their child's health and safety?

Response	Number of Districts	Percent of Districts (%)
Phone calls to parents/guardians	159	98.8
Email or secure messaging systems	152	94.4
Participation in IEP/504 or student support meetings	151	93.8
In-person meetings or conferences	143	88.8
Referring families to community services or clinics	112	69.6
Providing health education materials or resources	104	64.6
Collaborating with interpreters or cultural liaisons	92	57.1
Health newsletters or updates	91	56.5
Notes sent home with students	89	55.3
Conducting home visits (when applicable)	34	21.1
Other (please specify)	4	2.5

81% of respondents are part of their school crisis team (131 districts). About 73% of districts (117 districts) report that their nurses receive crisis or emergency preparedness training. 78% of respondents (126 districts) report that a school nurse is part of the school attendance team, and 35 districts (21.7%) serve as a clinical site for student nurse training or rotation from a local college or university.

Table 36: How do you provide support for students experiencing food insecurity?

New for 2025-2026, districts were asked how school health services support students experiencing food insecurity.

Response	Number of Districts	Percent of Districts (%)
Provide snacks	140	87.0
Collaborate with food services	95	59.0
Provide referral to community services (food bank, etc.)	92	57.1
Provide pantry with food to bring home to family	50	31.1
Other	20	12.4

Districts writing in "other" most often described referring students to a school social worker, school counselor, or Family Resource Center who then coordinates food support with the family, or pointed to school pantries operated by community partners. One district reported that a school nurse started a breakfast program during the year. Districts also reported, for the first time, the average number of daily student visits to the nurse for a snack: the median district reported 5 such visits per day and the average was 13.6, with one district excluded as an outlier.

Survey Open-Ended Questions

The survey provided respondents with the opportunity to answer open-ended questions at the conclusion of each section. Responses to each question were thoroughly examined to identify recurring themes. Subsequently, three primary themes were extracted for each question, and the responses were synthesized and summarized accordingly.

Student Health

Is there anything you would like the State Department of Education to know about the health of students in your district? Are there ways the State Department of Education can help improve the health of students in your district? (In 2025-2026 the two questions previously asked in this section were combined into a single question.)

1. Mental and Behavioral Health Demand Exceeding Capacity: Mental health remained the most frequently raised issue by a wide margin. Districts described continued high levels of anxiety, depression, and school avoidance, and several reported a rise in somatic and functional presentations, including postural orthostatic tachycardia syndrome (POTS) and non-epileptic seizures, that arrive first at the health office. Nurses reported absorbing the overflow when social workers and counselors are fully booked, and asked for training to do that work well rather than for the referrals to stop. Access outside of school is the binding constraint: districts in the northwest corner and in eastern Connecticut described long drives to any provider, and one district noted a shortage of acute mental health beds in its region. Several districts asked the CSDE to continue funding urgent crisis centers and to strengthen collaboration between school nursing and behavioral health staff, with one nurse leader describing a district in which mental health staff share almost nothing with nursing even for students the nurse sees daily.

2. Primary Care Access, Fragmented Care, and Social Conditions: Districts repeatedly described families using emergency departments and walk-in urgent care as their primary source of care, with nurses raising concerns that urgent care centers are not staffed with pediatric clinicians, do not stock childhood vaccines, and provide no continuity or case management. Several districts identified a primary care desert for young people, including for students attending private schools, and others noted that families keep out-of-state pediatricians so that care becomes fragmented when a child is sick. Cost was a recurring barrier: inhalers and other medications that families cannot afford keep students out of school, and one district noted a single pharmacy within walking distance for most of its families. Districts also asked for expanded HUSKY coverage, cheaper access to epinephrine auto-injectors, affordable vaccines and physicals, free or low-cost translation of health documents, healthier school meals and full breakfast programs, and attention to food insecurity, poverty, and dental disease.

3. Staffing Acuity and State Infrastructure: Districts connected student health outcomes directly to school health staffing and to the condition of state guidance. Many asked for legislation or funding to place a nurse in every building and for nurse-to-student ratios that account for acuity rather than headcount, and several tied recruitment difficulty to the fact that school nurses are not recognized or compensated as certified staff. Districts asked for a statewide electronic health record that follows a student from school to school, expanded state-funded professional development (acute diabetes management, seizure emergency response, protocols for medically fragile students), and clearer guidance on field trips. Several districts asked pointedly for the CSDE website to be updated, noting that the Clinical Procedure Guidelines, the 2015 Concussion Education Plan, the 2018 draft Guidelines for Health Screenings, and the 2012 diabetes resource guide are all out of date, that several documents still direct readers to a state contact no longer employed there, and that many links no longer resolve. Other concerns raised included vaping and cell phone use, student nutrition and weight, an unusually heavy influenza season, and difficulty staffing certified athletic trainers for athletic events.

Districts were also asked what the State Department of Education could do to help improve student health. Three areas of request emerged:

1. Mental and Behavioral Health Supports: Districts asked for more school-based mental health capacity, including additional social workers, school psychologists, and counselors, and for school-based health clinics that provide medical as well as behavioral services. Requests included continued funding for urgent crisis centers, professional development that trains nursing and behavioral health staff to collaborate rather than separately, education for school nurses on supporting students with anxiety and eating disorders, and financial assistance for adolescent vaping and nicotine addiction programs.

2. Nurse and Health Infrastructure Needs: Districts asked the CSDE to quantify student acuity and update nurse-to-student ratio recommendations accordingly, to support legislation recognizing school nurses as certified staff with competitive compensation, and to fund a nurse in every building. Practical infrastructure requests included a statewide electronic health record, updated and dated state guidance documents with working links, clear field trip protocols, free online professional development, and regional rather than centrally located trainings.

3. Physical Health, Equity, and Social Determinants of Health: Districts asked for expanded access to affordable physicals, immunizations, and vision care, including school-delivered eyeglasses for students who fail vision screening and never obtain glasses. They asked for extended HUSKY

coverage, low-cost or free translation of health forms and illness guidance into the languages families speak, better and healthier school meal options with fewer procurement restrictions, full breakfast programs, handwashing infrastructure at eating spaces, expanded dental services, and funding for additional School-Based Health Centers and Family Resource Centers.

Services Provided

Is there anything you would like the State Department of Education to know about the health services provided to students in your district?

1. Rising Acuity and Mental Health Needs: Districts reported that students are attending school with increasingly complex health conditions and that mental health remains the dominant area of growth. Several districts named specific rising diagnoses, including POTS, Ehlers-Danlos syndrome, new-onset seizures requiring emergency medication, type 1 diabetes, and autoimmune disorders, and asked that POTS be added to the survey's diagnosis list. Anxiety, depression, and school avoidance were described as still epidemic, and vaping of both nicotine and THC was described as an ongoing addiction issue that health offices are managing. Districts also noted that the growth of Extended School Year and special education programming has increased the health services those programs require.

2. Screening Follow-Up and Community Partnerships: Districts reported that mandated screenings are completed and documented on schedule but that follow-up outside of school frequently does not happen, particularly for vision, where families report being unable to afford glasses. Districts asked for more locations for eye exams and glasses and for a way to bring vision services into the school building. Community partners were credited by name: the Lions Club for vision screening support and Community Health Centers for both medical and behavioral services. Several districts also noted that the mental health screening figures reported in this survey understate what nurses actually do, because nurses assess mental health as an integral part of daily practice without administering a formal screening instrument.

3. Workload, Role Boundaries, and Coverage: School nurses described high daily visit volumes that leave insufficient time for thorough assessment, follow-up, and care coordination, and several described families treating the health office as an urgent care setting and sending ill students to school expecting the nurse to evaluate and dismiss them. Districts raised concerns about Connecticut's delegation regulations and field trip requirements, under which unlicensed non-medical staff assume nursing tasks, and asked for clearer guidance and less delegation. Substitute coverage was described as a persistent constraint that prevents nurses from taking a day off in buildings with high-acuity students. Districts also reported friction with outside medical providers who issue incomplete or ambiguous medication and treatment authorizations, and asked that providers be educated on the statutes and clinical procedures school nurses must follow.

Is there anything you would like from the State Department of Education to better provide services to students in your district?

1. Increased Funding and Equipment: Districts asked for funding to replace aging screening equipment, naming audiometers, Welch Allyn Spot vision screeners, and automated external defibrillators for athletics. Other funding requests included grants to open additional School-Based Health Centers, a dental clinic or dental van available to students regardless of income, more resources for affordable vaccines, and money for nutrition programs offering fresh, healthy food.

2. Enhanced Staffing, Ratios, and Recruitment: Districts asked the CSDE to quantify acuity and update staffing ratio recommendations, with several asking for a mandated minimum of one nurse per 225 students given the level of daily assessment now required. Districts also asked for help with recruitment, noting that paid job-advertising platforms have become expensive and that prospective substitute nurses do not think to search school job boards, and for support in making substitute nursing pay competitive with hospital overtime and nursing pools. Requests for more counselors and mental health providers appeared here as well as in the student health section.

3. Guidance, Training, and Provider Education: Districts asked for updated state guidance, noting that several documents remain outdated and that the health screening guidelines are still in draft, and requested practical tools such as a first aid flip chart and guidance on the school nurse's role in caring for students with eating disorders. Districts asked for more free continuing education, regional rather than centralized trainings, training on Medicaid billing, asthma in-services, and screening technique refreshers. Two further requests recurred: a teacher-facing guide on when and how to refer a student to the school nurse, and education for community medical providers on the regulations governing medication administration and clinical procedures in schools.

Staffing of Health Services in School Districts

Is there anything you would like the State Department of Education to know about the staffing of health services in your district?

1. Substitute and Coverage Shortages: The most frequently raised staffing issue was the difficulty of securing substitute nurses. Districts reported relying on agency nurses who do not know their students, covering higher-acuity buildings first and leaving others uncovered, and being unable to take planned or unplanned time off. Several districts described a full-time permanent float nurse as the most effective solution and asked for funding to create one, noting that a float position also frees building nurses to attend 504 and planning and placement team meetings and to complete mandated screenings without interruption.

2. Recruitment, Retention, and Compensation: Districts described a widening pay gap between school nursing and all other health care settings, and connected it directly to vacancies, turnover, and an aging workforce. One district reported a position vacant since May with only inexperienced applicants and three further vacancies pending, another reported eliminating a nursing position and not backfilling a departure, leaving fewer than one nurse per building. Districts repeatedly asked that school nurses be recognized as certified staff and placed on the teachers' contract, arguing that this is standard practice elsewhere and that it would improve retention and therefore student outcomes. Substitute pay was described as too low to compete with per diem nursing work.

3. Acuity-Based Staffing and Structural Needs: Districts argued that staffing should be set by the medical acuity of the student population rather than by enrollment, and several noted that the long-standing ratio recommendations have not changed even as acuity has risen. Specific structural concerns included nurse leaders who also carry a full building assignment and cannot do either job well, one nurse covering two buildings, wide variation in workload between sites within the same district, and health offices that could not function without support staff at 60 to 70 visits per day. Districts also asked for consideration of unlicensed assistive personnel and LPNs as part of the staffing model, with one district reporting that adding LPNs measurably reduced its number of open positions.

Qualifications of Health Services Staff

Is there anything you would like the State Department of Education to know about the qualifications of health services staff in your district?

1. Compensation, Recognition, and Pension Status: Districts described the classification of school nurses as non-certified staff as the central barrier to attracting and keeping qualified nurses. Respondents noted that nurses are grouped with paraprofessionals and custodians rather than with occupational therapists, physical therapists, speech-language pathologists, school psychologists, and school social workers, despite holding a degree and a state license. One nurse leader with an MSN observed that district vice principals with master's degrees are classified as certified while she is not. Districts also raised the absence of a recognized school nurse endorsement distinct from the 072 school nurse teacher credential, which excludes career school nurses from the pension benefits available to other public school professionals.

2. Educational Preparation, Certification, and Incentives: Views on required preparation varied. Some nurse leaders argued that all school nurses should be BSN-prepared, one proposing a legal requirement by the third year of employment, and described BSN-prepared nurses as bringing stronger case management and a more holistic approach, while affirming that ADN-prepared nurses are essential to school health offices. Others emphasized clinical experience over credentials. What districts agreed on is that there is currently little incentive to advance: several reported that their districts recognize no education or certification beyond a BSN, so there is no stipend or salary step for national certification (NCSN) or a master's degree, and asked for state partnership in recognizing and rewarding the NCSN credential. Districts also asked for funding for continuing education units and professional organization membership. Separately, several districts reported that adding LPNs to their staffing model reduced vacancies.

3. Professional Development and Supervision Gaps: Districts identified specific content gaps in school nurse preparation, including concussion management when no athletic trainer is present and assessment of orthopedic and musculoskeletal injuries. Respondents also noted the inconsistency between how the state licenses and certifies athletic trainers and school nurses, though both function as health care professionals in schools. Some districts, particularly smaller ones and charter schools, reported operating without a nursing supervisor and struggling to find professional development or professional peers, while one district was actively recruiting for a 21-hour-per-week supervisor position. Districts also asked for a statewide school nurse professional development day aligned with a teacher professional development day, so that nurses could attend in-person conferences without needing substitute coverage.

Coordination of Health Services and Health Education

Is there anything you would like the State Department of Education to know about the coordination of health services or about health education provided to students in your district?

1. Nurses' Limited Role in Formal Health Education: The most consistent theme was that school nurses are largely outside formal health education. Districts reported that health education is delivered by physical education or health teachers, typically beginning in grade 6 or 7, with elementary coverage limited to physical health during PE and social-emotional learning in the classroom. Several nurses

described this as a missed opportunity and said they would like to collaborate, but that visit volume and lack of coverage prevent it. One district reported that its nurses are union employees who are not compensated to teach, and therefore provide no health education at all; another described its nurses as simply not involved. Where collaboration does occur, districts described it as promising and expanding.

2. Gaps in On-Site Clinical Services: Districts asked for a wider range of services delivered in the school building. Several noted that their School-Based Health Centers currently provide behavioral health services only and asked that Community Health Center partners be encouraged to propose on-site medical services as well. Districts also identified a need for increased dental services and, in at least one case, reported not knowing where to find the resources needed to bring health services and health education into the district at all. Funding was named as the limiting factor by multiple respondents.

3. Effective Coordination and a Request About the Survey Itself: Several districts described coordination that works. Examples included a nurse leader delivering QPR suicide prevention training to teachers and staff, nursing participation in district social-emotional learning planning, membership in a municipal youth mental health alliance, and a BSN-prepared nurse serving in the local Medical Reserve Corps and bringing disaster and emergency training back to the district. Districts also emphasized using school-based health data to track trends and inform policy. One district made a specific process request that the CSDE may wish to act on: that survey questions be shared with districts before the start of the school year, so that data can be collected on an ongoing basis rather than reconstructed at year end. This request is particularly relevant given the number of items added to the 2025-2026 instrument.

Data Strengths and Limitations

This report provides an overview of the data collection process undertaken to offer a comprehensive overview of school health services in both public and private schools across Connecticut. Notable strengths of this data collection effort include:

- Rigorous analysis of data obtained from the School Health Services Survey, ensuring high accuracy.
- Substantial enhancement of question formatting and options based on feedback received from respondents, including the addition of Associate's Degree Nursing and national school nurse certification as nurse leader qualifications, the expansion of the allergy categories, and the addition of mental health as a dismissal reason and a 911-call reason.
- Improved analysis methods for open-ended questions, facilitating deeper insights.
- A response rate of 80.9%, the fourth consecutive year above 70%.
- Consistent data collection spanning twenty-two years, enabling longitudinal analysis and trend identification.

However, like any research endeavor, both data collection and utilization come with certain limitations, including but not limited to:

- Discrepancies in response rates across questions, with numerous instances of missing data. Particularly, districts often omit responses for questions where the answer is “0.” However, it is important to note that missing data cannot automatically be assumed to represent zero. This inconsistency in reporting may skew the data towards a more positive direction.

- Reliance solely on one data collection tool without supplementary data from focus groups, interviews, or other triangulated methods.
- Challenges posed by multiple submissions from various districts, complicating the determination of which responses should be included in the final analysis and which require cleaning.
- The 2025-2026 instrument was revised more substantially than in any recent year. Questions were added, consolidated, reworded, and in two cases removed, which limits direct year-over-year comparison for the affected items. The reductions reported this year in mental health, body mass index, and nutrition screening counts, and in the number of students with documented special dietary needs, are most likely attributable to narrower question wording rather than to a change in practice.
- A small number of implausible values were submitted, including a report of 101,111,111 student 911 calls, 1,111 staff 911 calls in a single school, and 340 epinephrine administrations to diagnosed students in one district. These values were excluded and the exclusions are noted at the relevant tables, but their presence indicates that some respondents entered figures without review, and other less obvious errors may remain.
- One district requested that the survey questions be distributed before the start of the school year so that districts can collect the required data as the year proceeds. Several open-ended responses indicated that certain counts, particularly health insurance referrals and mental health screenings, are estimated rather than recorded.

Conclusions

In the 2025-2026 academic year, participants in the School Health Services Survey offered a comprehensive overview of the state of health services in Connecticut school districts. Their feedback, comprising both observations and suggestions for enhancement, was reflected in the significant volume of constructive comments accompanying each survey category. Following thorough analysis by CSDE and EdAdvance staff, the following key conclusions were drawn:

- The landscape of the nursing profession within schools continues to evolve into a more intricate terrain, with nurses being tasked with a diverse array of responsibilities. The new items added this year show school nurses acting as case finders, crisis responders, care coordinators, and, increasingly, as the first point of contact for food insecurity and basic needs.
- The prevalence of mental health issues and concerns continues to rise, marking a substantial trend since the initiation of data collection. For the first time the survey captured how far this reaches into daily nursing practice: mental health was the second most frequently ranked reason for a student 911 call, accounted for 6.8% of all dismissals, and prompted 211 calls in 29% of districts.
- Staffing remains the constraint that districts return to in every open-ended section. Substitute coverage, the classification of school nurses as non-certified staff, and ratio recommendations that do not account for student acuity were raised independently in the student health, services, staffing, and qualifications sections alike.
- Districts are asking for maintenance of the state's own materials as much as for new resources. Multiple respondents identified outdated or draft guidance documents, broken links, and stale contact information on the CSDE website as a practical obstacle to consistent practice across districts.
- The expanded allergy categories introduced this year revealed a considerably larger allergy burden in Connecticut schools than the previous three-category question captured,

with environmental and medication allergies together affecting more than 43,000 students.