NASN EVERY STUDENT COUNTS!
DATA WORKSHEET 25-26

Scan Me to Enter Data ⬆️

Name, phone number and email of person completing form: _____

_____

School District Name and ISD Number, and School Type: _____

DISTRICT LEVEL SCHOOL HEALTH STAFFING

NOTE: Do not double count any staff persons.

Data Points	Your Number
1. Total number of **RN** hours per week with an assigned caseload providing direct service	
2. Total number of **RN** hours per week in supplemental or float positions	
3. Total number of **RN**s with special assignment hours per week	
4. Total number of **RN** hours per week providing administrative or supervisory school health services	
5. Total number of **LPN** hours per week providing direct services with a designated caseload	
6. Total number of **LPN** hours per week in supplemental or float positions	
7. Total number of **LPN** with special assignment hours per week	
8. Total number of **LPN** hours per week providing administrative or supervisory school health services	
9. Total number of UAP/**Health Aide** (non-RN, non-LPN) hours per week with an assigned caseload providing direct health services (e.g., give medication, staff health office, perform specific health procedures)	
10. Total number of UAP/**Health Aide** (non-RN, non-LPN) hours per week in supplemental or float positions	
11. Total number of UAP/**Health Aides** (non-RN, non-LPN) with special assignment hours per week	
12. Total number of UAP/**Health Aide** hours per week providing administrative support services to RNs or LPNs	

CHRONIC HEALTH CONDITIONS

Data Points Please report your total known students with chronic conditions, and the subset that meets the NASN criteria for confirmed diagnosis (physical exam form, prescription, medication permission form, asthma action plan, or similar).	**Your Number Total/Verified**
1. Number of students with **Type 1 Diabetes.** How many of those have verification of diagnosis?	/
2. Number of students with **Type 2 Diabetes.** How many of those have verification of diagnosis?	/
3. Number of students with **Asthma.** How many of those have verification of diagnosis?	/
4. Number of students with **a Seizure Disorder.** How many of those have verification of diagnosis?	/
5. Number of students with **a Life-threatening Allergy.** How many of those have verification of diagnosis?	/

Definitions and Inclusion/Exclusion Criteria for Health Staffing

1. **Direct services** means responsible for the care of a defined group of students in addressing their acute and chronic health conditions. It includes health screenings, health promotion and case management. **Direct services** also include care provided in a health care team including LPNs or aides.
    a. Inclusion/Exclusion:
    b. Include long term substitute (but not the substitute RN list for short term needs)
    c. Exclude nurses working with medically fragile students (1:1, 1:2, 1:3, 1:4, 1:5)
    d. Exclude % of administrative assignment if providing both direct care and administrative or lead activities
    e. RN includes LSN, PHN who are also RNs. Include the RN time used in delegating, supervising or participating, supporting those that are part of the team in the health office.
2. Permanently hired/contracted RNs who provide supplemental/additional direct nursing services or specific procedures (e.g., child find/EPSDT). **Do not** include RNs with 1:1, 1:2, 1:3, 1:4, 1:5 assignments. This count is **in addition** to the RNs identified in #2 and #4.
3. Include RNs working with a limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1:3, 1:4, 1:5). Medically fragile=those who require nursing or delegated care for medications and treatments.
4. RNs providing management/clinical supervision to RNs, LPNs, or other health extenders, or conducting other administrative health services (e.g., case management). Nurses designated as leads would also fall into this category.
5. See definitions of direct services above.
6. Permanently hired/contracted LPNs who provide supplemental/additional direct nursing services or specific procedures. **Do not** include LPNs with 1:1, 1:2, 1:3, 1:4, 1:5 assignments. This count is **in addition** to the LPNs identified in #6 and #8.
7. Include LPNs working with a limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1:3, 1:4, 1:5).
8. LPNs providing management/clinical supervision to LPNs, or other health extenders, or conducting other administrative health services.
9. This number should reflect only those whose **main** assignment is health related. Exclude secretaries, teachers or principals who only address health issues at times. You may include hours per week of secretary or other aides **IF** it is included as a specific part of their responsibility (i.e., cover health office regularly).
    a. Exclude PCA or others who are being delegated specific cares to a specific student. Just include those staffing the health office.
10. Permanently hired/contracted health aides (non-RN, non-LPN) who provide supplemental/additional direct nursing services or specific procedures. **Do not** include those with 1:1, 1:2, 1:3, 1:4, 1:5 assignments. This count is **in addition** to the health aides identified in #10 and #12.
11. Include health aides (non-RN, non-LPN) working with a limited caseload providing direct services such as medically fragile students (1:1, 1:2, 1:3, 1:4, 1:5).
    a. Do NOT include PCA who are providing behavior monitoring or ADL services only. Must also have nursing care/treatments that are delegated.
12. Assistants providing administrative support services to RNs or LPNs (e.g., clerical assistance). Include those who do only clerical work.

EDUCATION AND CREDENTIALS OF HEALTH STAFF

For health services staff serving your student population, please indicate the number who have each level of education (indicate the highest level of education for each team member)

1. Highest level of education for health services staff serving your students. How many have:	
A: Doctorate in Nursing	
B: Doctorate in another field	
C: Master's in Nursing (MSN)	
D: Master's in Education (MEd)	
E: Master's in Public Health (MPH)	
F: Master's in another field	
G: Bachelor's in Nursing (BSN)	
H: Bachelor's in another field	
I: Associate's in Nursing (ADN)	
J: Associate's in another field	
K: Diploma in Nursing	
L: Technical program/certificate	
M: High school diploma/GED	
N: Other (please specify)	
2. For school nurses serving your student population, please indicate the number who have each of the following credentials.	
A: National Certification as a School Nurse (NCSN)	
B: State-specific School Nurse credentials issued by state DOE	
C: State-specific School Nurse credentials issued by state DOH	
D: National Nurse Practitioner Certification	
E: Other (please specify)	