

INFORMAL OBSERVATION CHECKLIST

School/Program Health Office

SITE: _____ DATE: _____

NURSE: _____ HEALTH ASSISTANT: _____

OBSERVED BY: _____

Daily Log:

- _____ Q
 - _____ Current
 - _____ Accessible
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Health Concerns List:

- _____ Updated on Q
- _____ Staff notification

Medication Book/Storage:

- _____ Organized and labeled
 - _____ Individual Health Services Plans
 - _____ Evidence of staff training and monitoring
 - _____ Safety precautions in place
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Specialized Health Care Needs:

- _____ Evidence of Individual Health Service or 504 Plans
 - _____ Evidence of staff training and monitoring
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Health Folders:

- _____ System for entering students/new folders completed
 - _____ System for transferring students (in and out)
 - _____ Updated/current information _____ Grade _____ Teacher _____ School Year
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Special Education Services:

- _____ Team communication system
 - _____ Calendar
 - _____ DIS Health and Nursing Plans
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SECTION 1

Mandates/Screening:

- Initial documentation/recorded
 - Referral and follow-up systems/notebook
 - CHDP Log
 - Oral Assessment log
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Immunizations:

- Monitoring system (due date)
 - Parent notification system
 - Blue Card's completed and filed
 - Immunizations entered on Q
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Health Services Manual Updated:

- Current updates/revisions in place
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LEA Billing:

- Assessment/Treatment Logs
 - DIS Log
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Student Success Team (SST):

- Team notification System
 - Student Assessment/Log
 - Meeting attendance/evidence
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General Office Appearance:

- First Aid flip chart displayed
- Nurse backup schedule posted
- Child Abuse procedure posted
- Display/posters
- Bulletin Boards
- Updated forms
- Free of clutter/hazards

General Comments:

SECTION 1