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ABSTRACT

The social, mental and physical health of children in target Minneapolis Schools has been carefully studied. The intent of this project was to design and implement a program which would improve health. This report discusses the progress of the project for the first year. The project's activities centered around planning, needs assessment and development of the health program. The format of the report is as follows: (1) statement of project objective, (2) description of project activities to accomplish the objective, and (3) evaluation findings and statement as to accomplishment of the objective. Important considerations were that both the program and the process of its development be usable and adoptable by others, that the program bring parents, community, and schools together as partners to improve children's health, and that the program enable students to acquire the knowledge, skills, and attitudes necessary for life-long health practices. (Author/BJG)

Final Evaluation Report

for

MINNEAPOLIS HEALTH AND NUTRITION PROJECT

June 30, 1975

HEALTH
THE NATURAL HIGH

CHIPPER

SUBMITTED TO:

Minneapolis Special School District #1
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Minneapolis, Minnesota 55413

SUBMITTED BY:

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Special School District No. 1
MINNEAPOLIS PUBLIC SCHOOLS
Minneapolis, Minnesota 55413

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INTRODUCTION

This is the Final Evaluation Report for the "School Health and Nutrition Project" which has been written by Guardian Resource Development, Inc., the evaluation contractor. This is the third and final report to be provided by the contractor according to the schedule in the project Evaluation Plan of January 15, 1975.

During the first year, the evaluation of this project has been primarily process oriented in that much of what project staff intended to accomplish related to planning, determining needs and developing a program to meet those needs. Data was included where available.

Initially, the evaluator developed a proposal outlining task statements relating to the proposal document. The evaluator and project staff engaged in lengthy and detailed Program Planning activities during November and December, 1974; to establish a project Implementation Plan. Using this detailed Implementation Plan for the project, the evaluator then wrote an updated Evaluation Plan to correspond with project activities. In April, the evaluators wrote an Interim Evaluation Report on the progress of the project at that time. The majority of project activities at that time had centered around the first two project activities.

This report discusses the progress of the project for the first year. The project's activities centered around planning, needs assessment and development of a health program. The format for the report is as follows.

- Statement of Project Objective
- Description of project activities to accomplish the objective
- Evaluation findings and statement as to accomplishment of the objective

The last section of this report presents the conclusions and recommendations made by the evaluator.

I. ESTABLISH PROJECT ORGANIZATION AND PLAN

A. Clarify goal, criteria, objectives and develop management plan.

During November and December, 1974, thirteen meetings were held with project staff at Harrison School to develop the project's management plan for this current year. Guardian also assisted with the clarification of the following goals, criteria and objectives.

Project Goal

Design and implement a program which will improve and/or maintain the social, mental and physical health of target school children.

Project Criteria

The following three criteria were developed as measures of importance for project objectives in respect to the goal.

(A) It is important that the program and the process of its development be usable and adaptable by others.

(B) It is important that children acquire the knowledge, skills and attitudes necessary to assume primary responsibility for life-long health practices.

(C) The program brings parents, community and schools together as partners to improve the health of children.

Project staff established the following priority and weighting for the above criteria during the program planning sessions. This priority is for the current year.

Criteria #	Priority Weight
(A)	.35
(B)	.20
(C)	.45

Project Objectives

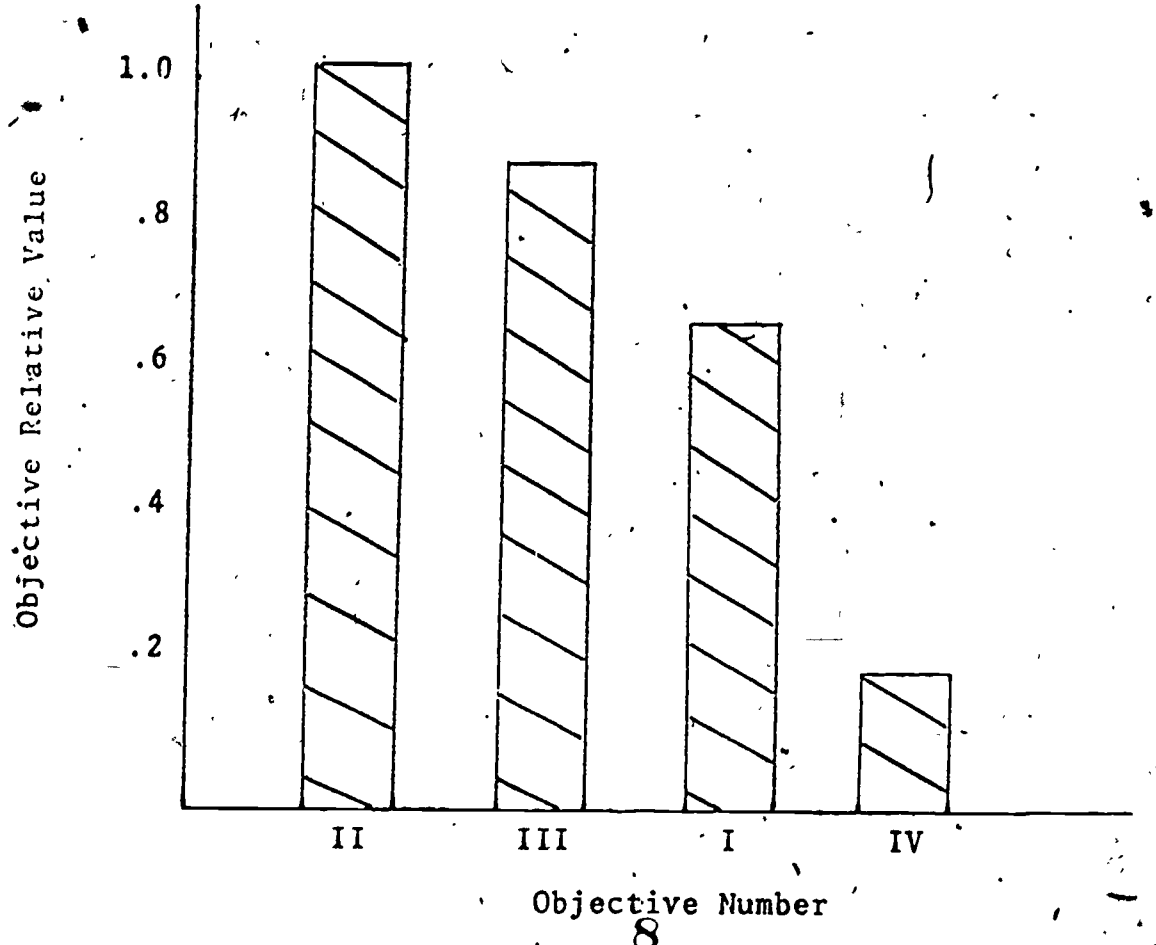
I. Establish Project Organization and Plan.
II. Identify the health needs of target school children.
III. Develop a health program to meet the identified needs based on an established set of priorities.
IV. Implement the health program developed to meet the identified needs.

The staff prioritized the four objectives relative to meeting the goal of the project. This prioritization is for this current year. Prioritization results are as follows:

I. A. (Continued)

Criteria No.	A	B	C	
Criteria Weight	.35	.20	.45	1.00
Objective No.				Total
I	.34	.15	.20	.239
II	.34	.40	.38	.370
III	.25	.40	.35	.325
IV	.07	.05	.07	.066
	1.00	1.00	1.00	1.000

Rank	Objective Number	Objective Value	Relative Value
1	II	.370	1.00
2	III	.325	.88
3	I	.239	.65
4	IV	.066	.18



I. A. (Continued)

During the development of the management plan, project staff with Guardian's assistance, established a list of activities to accomplish the four objectives. Project staff was deeply concerned with establishing a plan that would allow them the best possible coordination and cooperation of the school district and community people in which the project is to operate. The staff was also concerned with the needs of the target school children. They believe that an effective program cannot be established without an adequate assessment of these needs. Thus, the plan that was developed emphasizes the first two objectives more heavily at this time. It was the project staff's intention to further develop activities for Objectives III and IV as results from the needs assessment mandate.

The evaluator recommended that the project staff take the time to further develop a detailed activity plan for Objective III and also give consideration to Objective IV. The Project Implementation Plan that was established and documented (dated January 22, 1975) is adequate for the activities to date. The evaluator developed an amended evaluation plan as a result of this activity. See Guardian document #4-HEP-1, dated January 15, 1975, entitled Evaluation Plan for "School Health and Nutrition Project".

The evaluator recommended that the project maintain an Activity Log to document project activities. This would be beneficial for project review over time and also for other organizations that may have an interest in replicating the project. This log was initiated in January and can be reviewed at Harrison School.

B. Develop and Implement Staffing Plan

The full time project director was hired for the project about November 1, 1974. The evaluator was hired and started their activities also at this time. Prior to this time, the interim project director had recruited and assigned the following personnel.

1 - Nutritionist
1 - Resource Teacher
1½ - Nurses
1 - Instructional Aid
1 - Clerk Typist
½ - Social Worker (Intern)

In addition, a liaison health educator from the school district's Health Services Division was assigned. The organization has evolved initially into three components. These are:

- Health Education
- Health Services
- Foods and Nutrition

The two areas of Mental Health and Community Education were originally incorporated into these components. Since the plan has become operational, the project director has decided to temporarily separate out these components because of the current nature of their activities. The present project personnel status is best reflected in the following organization chart. (See next page)

The Parent/Community Advisory Committee is made up of a staff representative from each school and a community representative from each school area. There are six public elementary schools and two parochial schools involved in the project. The schools are as follows.

Bethune
Greeley
Harrison
Irving
Madison
Webster
Holy Rosary
St. Stephens

The project has assigned to each school a liaison person from the project staff to coordinate the project activities in each school.

The project staffing plan and status are as follows.

Project Staffing Plan

The staffing activities are proceeding as planned in a satisfactory manner.

PROJECT DIRECTOR - Chosen by multi-disciplinary committee. Joined project on 11/4/74.

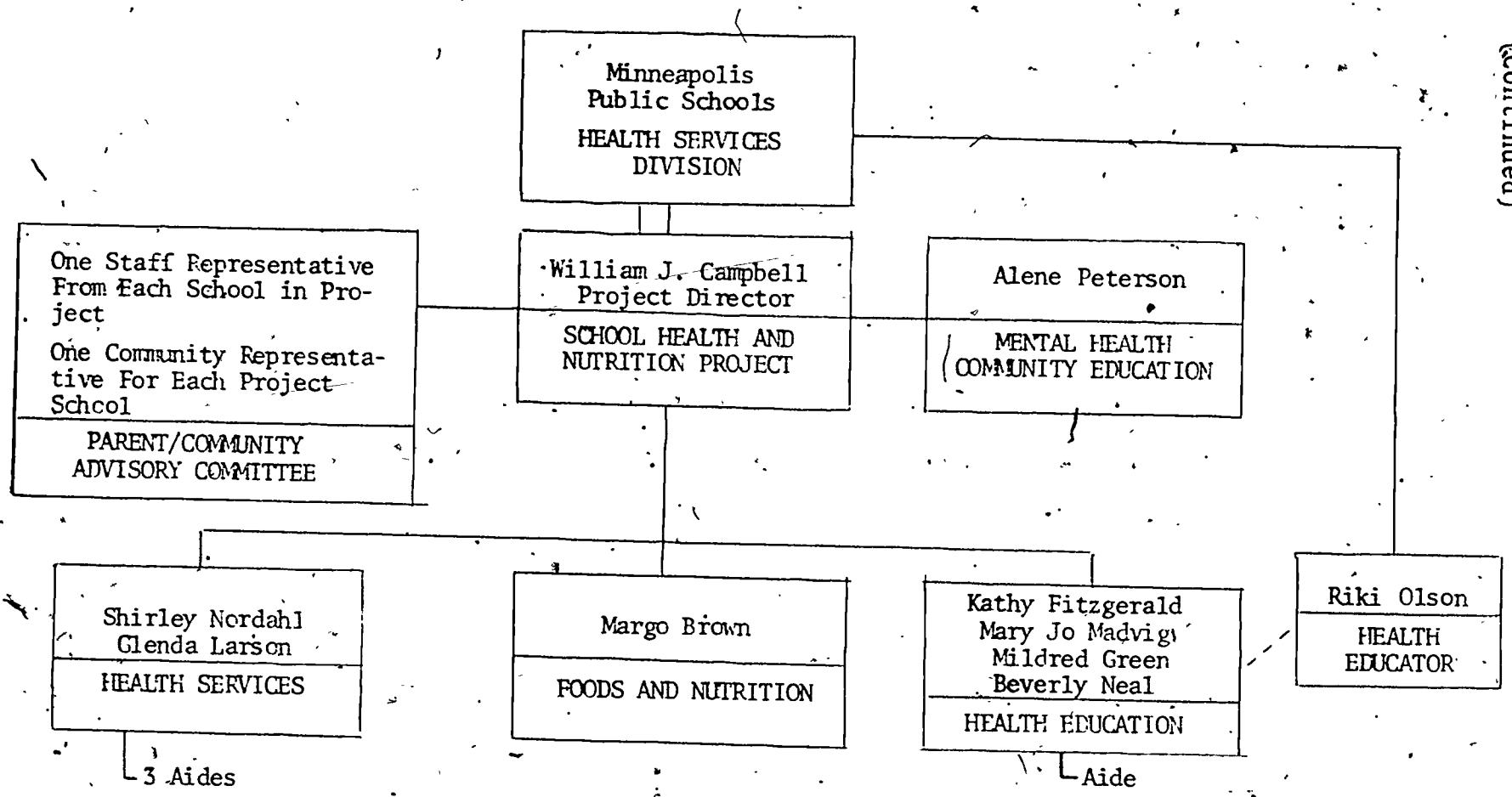
CLERICAL STAFF - Clerk Typist I was recruited and employed at the start of the school year. Clerk Typist II position was left open until project had developed to the point where more complex clerical work was deemed necessary. This position is presently filled.

COMMUNITY EDUCATION - Staffing in this area will be primarily completed on a contracted fee for service basis, with no salaried positions at this time. A student social work intern has been assigned in a coordinating function for this component. It is anticipated that community education services provided by the intern other than the above will be paid for if the total weekly work load exceeds sixteen hours.

During the second year of the project a replacement intern will be sought. Salaried staff may have to be considered if an intern is not available.

FOODS AND NUTRITION - An experienced, community oriented nutritionist was recruited at the start of the school year. No other staff envisioned for this component at this time.

PROJECT ORGANIZATION



I. (Continued)

HEALTH EDUCATION - Three health resource teacher positions and one instructional aide position were assigned to this component. An experienced primary teacher was already employed prior to the development of the plan. Given the small likelihood of finding experienced elementary health educators, the recruiting for the two remaining positions used the following criteria: (1) prior teaching experience, (2) elementary health education preparation, (3) prior non-teaching health work experience, and (4) related educational or work experience. Positions were filled as soon as possible and a pre-service program was developed and implemented. In addition, a variety of health related educational specialists were brought in to help develop a project educational philosophy and strategy.

HEALTH SERVICES - The project's one and one-half nursing positions were filled by experienced school nurses at the start of the school year. The three community health aide positions were to be filled by Minneapolis Civil Service. Residence in the project's target area and availability of a car were the two minimum requirements given by Civil Service. Ranking of applicants was done on the basis of suitability for project goals and objectives. In March, a decision was made to convert one school nurse position to a Pediatric Nurse Associate position with the intention of exploring the relationship of this kind of specialist to school Health Services. This position was temporarily filled while a full time person was sought. It was determined that the Pediatric Nurse Associate position would be beneficial for the project and the position is currently open.

A pre-service plan for the aides was developed and implemented.

Weekly problem solving, in-service sessions are planned and implemented.

C. Develop and Implement Plan for Parent/Community Advisory Committee Participation

The initial meeting of the Parent/Community Advisory Committee (P/CAC) was held on January 7, 1975. The project director reviewed the project management plan with the committee. The priority area of project activities was pointed out as the Health Needs Assessment of project schools. The committee divided into small groups to discuss the needs assessment with project staff. The project awareness plan was presented by the project director to the committee. A second meeting was held on January 28, 1975. The committee divided into three groups to discuss the community participation plan.

The plans for community participation were developed by project staff for each component and incorporated into a "Plan for Community Involvement" dated January 23, 1975 by the project director.

The P/CAC has met monthly since January to review project activities and to give their suggestions and/or recommendations about the program. The advisory group reviewed the four mental health

I. (Continued)

proposals and provided project staff important input about their implementation.

The project director developed a brief survey to gain information about the involvement of the committee. They were asked to comment on their expectations, participation and what would they like to be involved in next year. The survey also asked about preparation by staff for the meeting. The results were most favorable. Ninety-two percent (92%) indicated that they had been able to participate as expected, while the great majority said there was most often or always enough information or materials presented about the issues covered in the meetings. Almost all (92%) thought the meetings should be continued once a month and most felt there was ample communication about meeting schedules.

The evaluator believes that the plans for community involvement and the activities of the established Parent/Community Advisory Committee were accomplished as planned and the data indicate satisfaction by the committee on their involvement.

D. Develop and Implement Initial Project Awareness Plan

The project staff developed a plan for initial awareness of the project for target schools.

Some of the activities that the staff participated in were:

- Develop a unique symbol (logo) for project identification. This is a caricature of a happy child called "CHIPPER".
- Phyllis Wheatley Health Fair

  The project had a booth at this fair and disseminated information about Nutrition and the project. This Fair was attended by the local community.
- Administrator's Tea

  Project staff had a meeting for project administration in the district to explain the project.
- Bulletin Boards

  The project staff set up a bulletin board in each of the target schools to disseminate information on the project.
- Project Staff Liaison Person for each target school attended target school staff meetings, met with teachers on coffee breaks, etc. to discuss the project and disseminate materials.

A key staff person from each target school was identified as the liaison individual for project activities for the current year of the project. These target school staff people are a part of the Community Advisory Committee.

I: (Continued)

The evaluator feels that the initial project awareness activity was completed.

Although no additional official awareness activities were undertaken, project staff continually made others aware of the project as they became involved in development and/implementation activities. The newsletter compiled by the studentintern was also instrumental in broadening project awareness.

Evaluation Findings

Adjustments to the project's plans and staffing needs were made as necessary. Project staff kept an Activity Log on all activities accomplished during the year. A plan for establishing project priorities by component for Objective III and IV was developed and implemented. The evaluator's opinion is that the project has completed the activities for Objective I, thus fulfilling the intent of the objective.

II. IDENTIFY THE HEALTH NEEDS OF THE TARGET SCHOOL CHILDREN

It is the intent of the project to generate health needs data of target school children by surveying children, school personnel, parents and community. In order to generate such data, each of the following components performed a needs assessment.

NOTE: In the project Implementation Plan discussed previously, activities for Objectives II, III and IV were delineated according to the following components.

- Health Education
- Health Services
- Foods and Nutrition

Community Education and Mental Health activities were originally to be included as part of the above components. However, a staff member was temporarily assigned the responsibility for Community Education and Mental Health activities, and thus they became separated from the three components.

Therefore, the report narrative for Objectives II and III will follow the format detailed in the introduction of this report, and will also include similar narrative for Community Education and Mental Health components.

A. Health Education Assessment Activities

1. Identify health education problems of target schools by February 1, 1975.

   A teacher survey instrument was developed by project staff with the assistance of the evaluator. This survey instrument was developed to assist in determining the Health Education needs as perceived by the teachers in the eight target schools. The instrument was given to all teachers (137). One hundred of the survey instruments were filled out and recently returned to the project staff.

   The staff identified 11 key categories of health education in the survey.

   - Accident and Safety (First Aid)
   - Consumer Health
   - Dental Health
   - Disease Control and Prevention
   - Environmental Health
   - Mental Health
   - Nutrition and Growth
   - Personal Hygiene
   - Physical Education
   - Sex Education and Family Living
   - Tobacco, Alcohol and Drugs

   On the survey, all teachers were asked to rate their interest on a scale of 1-4 for each of the 11 major health

areas. Preliminary data from the survey for this question resulted in the following priority of interest.

1. Personal Hygiene
2. Accident and Safety (First Aid)
3. Nutrition and Growth
4. Dental Health
5. Physical Education
6. Mental Health
7. Tobacco, Alcohol and Drugs
8. Sex Education and Family Living
9. Environmental Health
10. Disease Control and Prevention
11. Consumer Health

Also on the survey, all teachers were asked to check those areas of Health Education that they have emphasized (taught) in their classroom during the last two years. The data collected from the survey have indicated the following preliminary results in priority order (i.e. Number 1 was emphasized the most and Number 11 the least).

1. Personal Hygiene
2. Dental Health
3. Nutrition and Growth
4. Accident and Safety
5. Physical Education
6. Tobacco, Alcohol and Drugs
7. Sex Education and Family Living
8. Mental Health
9. Environmental Health
10. Disease Control and Prevention
11. Consumer Health

Teachers were also asked to check those Health Education areas they would like to teach if there were a resource center supplying units in that area. The data collected indicated the following preliminary results in priority order.

1. Mental Health
2. Accident and Safety
3. Environmental Health
4. Personal Hygiene
5. Nutrition and Growth
6. Sex Education and Family Living
7. Tobacco, Alcohol and Drugs
8. Physical Education
9. Dental Health
10. Disease Control and Prevention
11. Consumer Health

Another question that the teachers responded to was - "What (in your opinion) are the three leading health problems of children in your classroom?"

The data collected indicated the following priority order of health problems in the classroom.

1. Nutrition and Growth
2. Personal Hygiene
3. Dental Hygiene
4. Mental Health
5. Sleep, Rest and Relaxation
6. Drugs and Alcohol
7. Sex Education
8. Accident and Safety (First Aid)
9. Physical Activity
10. Vision
11. Environmental Health
12. Hearing
13. Preventative Health

The project staff arrived at a list of health topics that are important to consider for Health Education as a result of the survey. This list included the following areas.

Personal Hygiene
Nutrition
Mental Health
Accident and Safety (First Aid)
Environmental Health

2. Identify resources and materials currently used by project school staff.

Incorporated in the above teacher survey was a question to ascertain what resources and materials that project school teachers currently use in their classroom. The results of the survey were compiled by project staff into the following list.

Community Resources

Twin City Dairy Council
Minneapolis Health Department
American Dental Association
American Red Cross BAT Program
Community Volunteers for tasting parties through:
Resources Department of Betty Jane Reed
Kits from Drug Center
Professional Courses from University of Minnesota
Miracle Circle
Policeman who works with School Safety Patrol
School Nurse
Dental Hygenist
Professional Growth Courses in Nutrition
Family Life and Sex Curriculum. Guide from St. Paul, Minnesota

II. A. (Continued)

Films, Filmstrips, Books and Textbooks. Pamphlets and Posters - F = Film F.S. = Filmstrip

Pamphlet: What Will I Be From A to Z?

Book: Dr. Benjamin Feingolds - K-P Diet for hyperactive children

Controlling Germs - F
Disney Film Consuming Health - F
Bus Safety - F
It's Wonderful Being A Girl - F

T.V. Program Channel 2
Think Fine, Feel Fine,
Mulligan Stew
Roundhouse

Dudley the Dragon - F.S.
How Susie Lost Her Smile - F
Billy and His Tooth - F
Rine: Human Body - F
Digestive System

Visit to the Dentist - F

Book: Values Clarification -- Simon

How We Care For Our Teeth - F
A Visit To The Dentist - F
Mixie, The Pixie - F.S.

Health For All -- Scott Forseman -- Health Series

The list of resource materials will be used by project staff when developing the Health Education units for the classroom.

3. Develop a catalogue system for resource materials by January 15, 1975 and then identify existing materials and/or resources for potential use in health education program

The staff felt that it was necessary to identify current existing systems, as these would give staff ideas about the procedures, methods, etc. that are currently workable. The systems that were reviewed were chosen for their successfulness in terms of widespread usage and because of the likelihood that they would already be understood by the majority of the Minneapolis Public School staff. The resource center's systems were reviewed by having a staff member visit the specific organization, with the staff member interviewing the organization personnel about their resource system.

The organizations in the Twin Cities selected for review are as follows.

- St. Paul Health Department--Health Education Office
- Minneapolis Health Department--Health Education Office
- Planned Parenthood--Health Resource Center
- Minneapolis Public School Audio-Visual Department
- Minneapolis Public School Service Center Program
- Minneapolis Public School Central Library

After completing the interviews, the health education component staff discussed each system and produced two sets of objectives for developing their catalogue system: short-term objectives and long-term objectives. Short-term objectives were those that existing project staff could immediately accomplish within the project budget. The short-term catalogue system objectives are as follows:

- Use audio-visual department at the Board for care and distribution of films and filmstrips.
- Develop health resource materials catalogue.
- Use St. Paul Health Bureau's pamphlet form.
- Keep a loose leaf notebook of pamphlets available according to subject area.
- Xerox and circulate table of contents of all journals pertinent to health education. Keep a file of them according to journal's title.
- Keep a file on what has been ordered to preview.
- Circulate pertintent news articles.
- Keep a file of other agencies and organizations audio-visual materials and resources.
- Use science forms for:
  - Sending out materials.
  - Pick-up day information.
  - Telling teacher materials are in.
  - Shortage list.
  - Confirmation.
  - Big sign-up sheet.
- Use audio-visual sign-out card to know when material is in use.
- Keep file on "recommended materials" so can purchase when adequate budget.
- Keep vertical file for articles (according to subject matter).
- Use form to record every request.
  - How requested (phone or mail?)
  - Who uses us (teacher, nurse, parent?)
  - Materials requested?
  - Amounts.
  - How did they find out about us?
  - Requests we can't fill now?

The long-term objectives require additional personnel and funds and it is understood that they will be accomplished in conjunction with the Minneapolis Public School Health Service Department. The long-term objectives are as follows:

- Use dewey decimal system.
- Hire Library consultant to organize dewey decimal system.
- Write a formal proposal which includes:
  - Consultant (Librarian).
  - Van to transport and delivery materials.
  - Full-time secretary at resource center.
  - Staff person to drive van for deliveries.
- Develop a periodic newsletter.
  - Parents/community.
  - Students.
  - Teachers.
  - Nurses.
- Develop a handbook on how to use resource center (?).
- Purchase poster file cabinet.

A catalogue system for the resource materials has been developed and the existing materials have been identified and catalogued. The system incorporates an inventory sheet of materials available including name of material, publisher and quantity. An alphabetical card catalogue is also included in the system and the cards are color coded for each subject as follows:

Curriculum Materials	White
Health Education Books	Orange
Catalogues	Pink
Pamphlets & Reference Materials	Blue

An order sheet for requested materials is also included in the system. This gives data on items requested, who requested the items, name of school and date sent and date returned. A file is also kept on what is ordered for preview and the opinions of the previewers are available. This preview aspect is on-going in the project.

This system has been currently operating out of the Project's Resource Room. However, a District Wide Health Resouce Room has been established at Anwatin School. A secretary has been hired for the room, but the project's Health Education Aide will also operate out of the Center. It will be the aide's responsibility to continue cataloguing the materials, as well as coordinating the project's Health Education curriculum kits and materials as they are requested by various teachers.

In order to accomplish the second part of statement II. A. 3., project staff has identified existing materials and/or resources for potential use in the health education program. The staff has surveyed all teachers as to the health materials and resources they have used in their classrooms. Staff is also currently reviewing lists of all the school district's audio-visual materials and has contacted the nurse in two of the target schools. The District's Community Resource Volunteer Director has also been contacted, as well as the publishers of health resource materials.

It is the evaluator's opinion that the staff identified materials and resources in such a manner so that they were able to determine what the project had and what was needed. This allowed staff to better decide what materials were available to be useful for the curriculum units being developed. It is also the opinion of the evaluator that the catalogue system is adequate for use by the teachers and staff in the project schools as well as other teachers in the district who may want to use it.

4. Identify criteria for Minneapolis Public Schools acceptance of Health Education program by March 1, 1975.

Project staff interviewed several people in the Minneapolis Public Schools to ascertain information that could be used to establish a set of criteria for acceptance of the Health Education teaching units to be developed. Consideration was given to the following areas in collecting information.

- Ethnic
- Sexist
- Minneapolis Public Schools Curriculum Format
- Approvals
- Feedback
- Evaluation

The project staff developed a report that arrived at a set of criteria. The criteria are as follows.

Criteria

- Materials must be reviewed.
  - Multi-ethnic culture center consultants who will tell if the units are biased ethnically.
  - Non-sexists center consultants will tell us if materials are biased by sex in any way.
  - Curriculum Generalists will check curriculum to see if we have used accepted approaches in writing curriculum for Minneapolis Public Schools.

- Content area and type of presentation is approved by Project Director and Health Services Director
- Clear with principals for teachers from Health Education staff to work with their building staff in piloting units.
- Obtain reactions from teachers and incorporate into unit.
- Approval of continuing curriculum/learning materials committee for city-wide acceptance.
- Evaluate pilot-suggestions in writing curriculum from all the curriculum generalists.

- Packets must not cost over $3.00 per grade level per school.
- Packets come out of general funds so they must be developed as a selling point to principals and teachers - a Fair to display materials is suggested.

In addition to the above criteria, other suggestions have been incorporated into the following list as general guidelines when writing curriculum.

Suggestions for Curriculum Development

- Leave out methodology and philosophies.
- Start curriculum with concepts and goals.
- Scope and sequence.
- Include copyable masters.
- Include resources available so easy for teacher access.
- Not grade orientated but in levels, i.e., A. B. C.
- Loose-leaf book so teachers can update curriculum as new units are developed.
- Try to integrate with basic skills.
- Stress using health in the teachable moment when presented in classroom.
- Behavioral change is important.

The evaluator's opinion is that this activity has been completed, and the results are adequate for proceeding with the development of the units.

5. Identify existing health education programs in the community (agencies, types and scores of program) by February 15, 1975).

Project staff conducted a survey of known community agencies serving the areas of the project target schools. This survey was performed by telephone contact with each of the agencies surveyed.

A list of the community agencies contacted and a coding of the education services that they provide are documented in a project staff report. The services were organized into the following areas.

Advocacy
Birth Control
Breast Exams
Breast Feeding
Chemical Dependency
Child Development
Counseling
Diabetes
Family Planning
Health Education
Immunizations
Mental Health
Nutrition
Prenatal Care
Pre-Operation Tours
Radio Health Education
Reading Material
Referrals
Sex Education
Single Parenting
Speakers
Venereal Disease

Each of the agencies contacted were asked the same questions as follows.

- What, if any, health education services does your organization supply to the schools or to the community?
- What method do you use to determine the need of the community?.
- Can you name any programs you have implemented that you feel have been extremely successful?
- Can you name any programs you have implemented that you feel have been failures--you had to cancel for one reason or another?
- How closely does your organization work with the schools in your area in the health education programs?
- Do you know of any other organization in this area that provides any service that is similar to or like this one?
- Each agency contacted was identified by name and also the name of the person talking and their position.

The results that project staff documented in their report are as follows.

- The health educational services administered to the target school are varied and quite extensive. Among the most popular classes are birth control, V.D., and prenatal care.
- Practically all of the agencies give consultation and referral.

- The majority of the agencies either work very closely or have some direct contact with the schools. The primary association is through consultation with nurses, social workers or classroom teachers in regards to problems that arise with individual students. Many agencies also send speakers for presentations to groups of students. These topics range from single parenting to chemical dependency. Several of the agencies expressed the desire to have a closer relationship with the schools.
- Several methods were used as determining factors in assessing the need of the community.

  Primarily the needs as expressed by the members of that community determined what, where or when to set up group or class discussions. However, some agencies had access to or compiled records and or surveys to determine what was needed. For instance, in the Pilot City area, information was gathered from the Minneapolis Department of Health; from patients records and patients requests. These records indicated a need for more education in such areas as hypertension or birth control. Therefore, Pilot City set up these classes.

  The Minneapolis Department of Health is probably the best resource for any statistical material or health data. They have taken various health related areas and made studies on them. Frequently, the determining factor (especially in individual consultation) was a mandatory requirement that each treatment be preceeded by consultation.

- Successes were basically measured by repetitious request, frequency of classes or class attendance. Classes were set up when request made continuous or in-depth instruction necessary. Group discussions grew out of patients (mostly) feeling the need or doctors etc., recognizing the value of sharing problems. These two methods also reached more people at one time than individual consultation, thereby saving time and money.

  Most of the successes of a program or activity were (1) because there was extensive preparation of both patient and staff, (2) high interest in the topics being presented, (3) availability of the staff to readily answer questions, calm fears or quiet misconceptions, and (4) the community people were receptive to the idea of discussing similar problems with each other.

  It should be noted that many of the agencies do not record either success or failure. They weigh their value in terms of the fact that they have been in existence for "X" number of years as a basis for determining their advancements.

- Failures are not usually counted as such; they generally consider the whole program instead of one or two facets that did not quite work out. A few common factors mentioned are (1) lack of interest, (2) improper advertisement, or (3) fears of the people regarding confidentiality. However, most of the failures recorded were in the line of classes.

  Another reason failure is not recorded is that no one wants to take responsibility for it. Much of the personnel in the agencies change frequently (more frequent than many other positions). Possibly one person would initiate a program, a second would run it and a third finish. Therefore, no one really takes the blame.

  The question that asked about success or failure appeared to be the hardest to answer for all persons interviewed. Records were referred to in several instances to substantiate a statement of success. However, for some reason, practically everyone seemed to have a slight resentment toward sharing their failures.

  Much can be gained from this survey in regards to the type of health educational services available in the target area communities. Just about any problem that arises can and probably will be solved if a patient would utilize these resources. The agencies themselves work jointly to provide the most completed services to a person and lack only the interest of these persons.

The evaluator's opinion is that this activity has been completed as scheduled.

6. Identify and record all existing projects and Federal programs in target schools and develop an on-going recording system for new programs by March 1, 1975.

   Project staff compiled a list of projects and programs in the public and non-public schools in areas of the project schools. This list was documented in a project staff reporte dated February 12, 1975.

   They have also developed a system for updating all federally funded programs within the Minneapolis Public Schools. This list will be updated monthly by the clerical staff on the project.

   The opinion of the evaluator is that this activity has been adequately completed as planned.

7. Develop community interests inventory related to health education by March 1, 1975.

   The Project Director decided not to pursue this activity for the following reasons.

- The intent of the overall objective has been satisfied through other activities for the assessment objective.
- Further information of a subjective nature has been obtained from experienced professionals that are familiar with the target area.

It was expected that the Community Education Department of Minneapolis Public Schools could easily provide this information. This has not proved to be true.

The project director's opinion is that the expenditure of dollars required to increase the present level of information is not consistent with the priorities of the project.

B. Health Service Assessment Activities

1. Project staff will review and evaluate current screening and assessment program of project schools by February 15, 1975.

The Health Services component of project staff reviewed the screening process that is currently utilized by the target schools. In order to evaluate the screening process, the project staff developed a criteria checklist. The checklist rates each criteria as to whether each criteria was satisfied by a Yes, No, or Undetermined rating. The results of the evaluation are given in the following table with the rating.

Current Screening Program Evaluation

Criteria	Yes	No	Undetermined
1. Parents and children notified.	X		
2. Teachers and children prepared for screening.			X
3. Criteria established for screening procedure.		X	
4. Adequate personnel trained to assist with screening.		X	
5. Retesting of children who failed tests before referral.			X
6. Time allowed to interpret and plan follow-ups with parents and teachers.		X	
7. Adequate follow-up.		X	
8. Screening program consistent.		X	
9. Health history accompanying screening.		X	
10. Facilities adequate for screening.		X	
11. Clinics well planned as to sequence of testing.			X

II. B. (Continued)

Some preliminary conclusions of the evaluation were as follows.

- The criteria established for hearing and vision screening should be re-evaluated.
- The hearing audio test may not need to be given to a suspected abnormal result of the otologic exam. This abnormality would require a referral where the audio test would be given.
- The screening procedures could be coordinated more efficiently with classroom teachers.

The evaluator's opinion is that this activity has been adequately completed per the schedule.

2. Project staff will identify, list, evaluate all school-based health programs (physical, mental and social) available to target school students by February 15, 1975.

The project staff identified several school-based health programs. These programs were evaluated by project staff. Comments by project staff for these programs are as follows.

Kindergarten spring and summer registration report

- Criteria needs to be established for validity of immunization
- More completed physical examinations by physician would be desirable
- Only 56% forms were completed by parent--then only immunization history--perhaps a new form for health history
- Only 79% used the Minneapolis school form--the Hennepin County Medical Society has a committee who is considering a universal form for the area
- 15% of the physical examination forms were uncompleted by physicians
- 34% showed some physical deviation
- To keep the school informed of health problems, the emergency card should contain a space for this

Summer School Screening Programs

- Screens only about 1/3 of the target area children
- Consistency with other school screening should be considered
- More immediate follow-up needed
- Children are re-screened in October in the schools, so overlap exists

Communicable Disease Reporting Program--Revised Summer of 1974

Compiled by:

1. Minneapolis Health Department
2. Minnesota Department of Health
3. Minneapolis Public Schools

First Aid Program

- Health assistance is required to hold first aid certificates. An accurate account of certification is kept in Health Service office
- School nurses are not required but encouraged to have first aid certificate
- First Aid Emergency Aid Chart revised in summer of 1974 under the direction of American Red Cross and written by Eric Hansen, a medic at Central Junior High School

Primary Care

- Amount given in a school setting is undetermined as the monthly resume form is vague, not many children seen in office. The resume forms should be modified to include:
  - number of children seen for first aid
  - number of children seen for eposidic care
  - number of telephone calls for health reasons
  - how many individual children seen
  - how many repeated calls
- Evaluate Health Assistance In-Service Program

To identify what additional health services are needed in the project schools, project staff became familiar with the services that already exist.

The role of the school nurse was reviewed. The Health Service Procedure guide lists the following duties for the school nurse:

1. Screening and follow-up.

   Far vision screening is to be done on children in grades K, 2, 4 and 6, referrals and new students. Color vision is screened on referral.

   Audiometric screening is to be done on students in grades K-3, new students, past failures, referrals and students with speech, voice or language difficulties.

   Scoliosis screening is also suggested.

2. Obtaining verification of rubella and rubeola immunizations for Kindergartners.
3. Health examinations for Kindergartners.
4. Dental examination follow-up on all students.
5. Communicable disease control.
6. Attendance follow-up.
7. Supervision of acute illness and emergency care.
8. To keep an index file on special needs of students as reference for health counseling, suggestions for program adaptation and individual follow-up.
9. Communication to staff about special health problems,
10. Supervision of program adaptation for chronic health problems.
11. Recording of current and complete data on health records.
12. Resource person and guest lecturer for health education.

The school nurses in the eight target schools were interviewed by project staff to determine how the nurse functions in the school and to request ideas for improving and adding to health services offered to students. The following questions were asked of each of the six nurses:

1. How much time do you spend in the school?
2. What screening programs have you set up for the students in your school?
3. What role do you take in obtaining rubella and rubeola certificates?
4. What role do you take in obtaining kindergarten physicals?
5. How do you handle follow-up for screenings and dental in your school?
6. What is your role in Kindergarten spring registration?
7. What is your role in communicable disease control?
8. How is Attendance follow-up handled?
9. How do you supervise acute illness and emergency care?
10. Do you keep a special index file of students as reference for health counseling, suggestions for program adaptation and individual follow-up?
11. How do you communicate special health problems to school staff?
12. Do you participate in program adaptation for students with chronic health problems?
13. Is current and complete data recorded on student records in your school and who records it?
14. For what health education have you acted as Resource person or guest lecturer?
15. What teacher skills do you feel would be desirable in recognizing and dealing with student health problems?
16. What kinds of student health problems do teachers refer to you?
17. What kinds of forms do you use to record and communicate health information?
18. What else would you like to see done by health services?

19. What is done in the area of adaptive PE in your school?
20. What kinds of health problems do you do counseling for?
21. What part do you play in SERCC and SST?
22. What additional health services are available in your school?

As a result of the interviews by project staff, the following list of staff recommendations resulted.

SUMMARY OF RECOMMENDATIONS
CONCERNING ADDITIONAL HEALTH SERVICES
IN THE TARGET SCHOOLS

1. The workload of the school Nurse should be reduced so that she will be able to spend more time at one school.
2. An organized screening package should be developed that includes preparation of the children to be screened, a trained team of personnel to do the screening, a satisfactory room in which to do the screening, and referral criteria that is agreed upon by the Medical Community.
3. The physical examination form should be revised to give useful information about the child as it relates to his education.
4. Community Health Aides should be used to increase the amoung of follow-up completed.
5. A program for parents about observing children for possible health problems and services for health care should be developed and implemented.
6. An in-service for health assistants and teachers to increase their knowledge of communicable disease should be developed and implemented.
7. An orientation and on-going in-service for health assistants should be developed and implemented.
8. A common system of organizing health data should be developed and implemented.
9. Routine teacher-nurse conferences should be established.
10. A center for information about health problems for Nurses' reference should be established.
11. A method for obtaining a health history and current health information about the school child should be developed.
12. Increased communication among nurses to exchange ideas and materials should be encouraged.
13. An in-service for teachers to increase skills in recognizing and dealing with student health problems and increasing referrals to the nurse should be developed and implemented.

The evaluator's opinion is that the activities performed by project staff satisfy the planned activity requirements as scheduled.

3. Collect and analyze data generated by existing screening program. Then identify health needs of target school children by February 15, 1975.

The staff determined that the health needs of the children were not readily definable from the statistics collected at this time. It was suggested by the Health Advisory Committee that the staff should obtain assistance from a bio-statistician located at the Hennepin County Planning and Developmental Office. The following concerns were reported by project staff relative to the current screening programs and the ability to establish needs.

- The screening program was not consistent when applying the various tests to students.
- Some children received certain tests while others did not. It was questioned as to how these children were selected (randomly or for some special reason).
- Need can only be identified after follow-up of suspects is completed and false positives are ruled out.
- The National Institute of Health Statistics should be contacted for further information on health needs.

4. In cooperation with members of the health service resource committee, project staff determine the type of information necessary to assess whether or not target area families are identifying and using a primary source of health care by January 30, 1975.

The project staff Health Services component was unable to locate information regarding community utilization of Health Services for on-going primary care. The staff contacted many local agencies to determine the number of families using their service. The list of agencies contacted is as follows.

- Hennepin County Health Coalition
- Hennepin County Medical Society
- Model City
- Northeast Health Coalition
- Minneapolis Health Department
- South Side Coalition - Survey obtained and it does encompass four target schools extending beyond its boundary
- Pilot City Health Center
- Children Health Center
- Health Advisory Committee Recommendations

The evaluator's opinion is that a survey could be taken of target school area families to ascertain the information required if the project director felt that this information was critical for developing a Health Services program.

5. In cooperation with school and community resource people, the project will determine what teacher skills would be desirable in recognizing and dealing with student health problems (mental, physical, social). Based upon the results of the above meeting, the project staff will develop a means of assessing teacher skill levels. Both aspects of this objective will be completed by February 15, 1975.

The project staff, with input from resource people, has identified a list of teacher skills that they thought would be desirable in recognizing and dealing with student health problems. The list compiled by staff is as follows.

Know and recognize important deviations

____ height and weight
____ skin - pale and sallow
____ teeth and dentation
____ hair and scalp
____ upper respiratory tract
____ posture and body mechanics
____ eye and acuity
____ ear and hearing
____ behavioral
____ energy and fatigue
____ skin disorders

Know and recognize signs of illness

____ diabetic
____ epilepsy
____ rheunmatic fever and heart disease
____ mental health problems
____ asthma and allergies
____ communicable diseases, chicken pox, mumps, streptococcus hepatitis
____ skin disorders or impetigo, pedicularia, capitis, tinea capites, bails, eczema, allergies, warts, scabies, acne
____ conjunctivities

The staff is presently considering an approach for assessing teacher skill levels. This approach would compare the teacher skill levels with the skill levels thought to be desirable by project staff.

The results of this comparison would be used as input for developing an in-service training program for target school teachers. Also, a handbook for teachers would be developed for teacher ready reference.

The evaluator feels that this activity is about three weeks behind the planned schedule. The evaluator believes that this schedule slippage is not serious at this time, but should be addressed in the near future.

6. Project staff will compile a current listing of services available to target area families and the number of individuals currently utilizing these services. This will be done by February 15, 1975.

The project staff has compiled a listing. A current listing of health services available in the target schools has been compiled in a loose leaf notebook and is accessible for staff utilization. The number of target area families using these services is also available.

The evaluator believes that this activity is complete.

As a result of the needs assessment activities, the project staff established a set of priorities for the Health Service component of the project. These priorities are as follows in order of priority.

Health Service Priorities

1. The need for adequate medical evaluation and subsequent potential diagnosis and treatment of currently identified suspected health problems is the highest priority need of our target population. (This high priority was given after considering the possible areas of project involvement and the level service available at the time of the project's review). The implications for the health service component are:

   (A) All possible resources be brought to bear on this need, including our Community Health Aides.

   (B) That no further identification activities be considered until we have assurance that follow-up will be completed within an acceptable range.

   (C) That project efforts to encourage identification and utilization of sources of primary care be considered a part of our follow-up program.

2. The need for an accurate, concise, health data collection and communication system is a project priority. Providing information to the classroom teacher in understandable terms is felt to be one of the most needed aspects of this priority.

3. Additional screenings for student health problems - This particular priority carries with it the assumption that the identification procedures are both valid and reliable. This activity requires both qualitative and quantative review and development. The following areas of involvement are suggested.

   - Regular periodic screening programs.
   - Episodic assessment by various health personnel.
   - Observation and recognition of suspected health deviations by family members.

4. Student need for adequate immunization protection.

Based upon the above listed priorities, the project staff developed a list of activities for the Health Service component. These activities are as follows.

(1) Completing the follow-up of health screening done in the fall, 1974.

(2) Devising a system of collecting concise health data and a system of communicating this data to appropriate persons such as parents, school staff, primary care centers.

(3) Developing a mass student health screening package that will be utilized both in Summer School and Fall Sessions, 1975 in the project schools.

(4) Developing a suspect problem screening package that will be a more in-depth health assessment. Children will be included in this assessment after teacher or parent referral for suspected health problems.

(5) Developing teacher and parent health in-service to increase their observation and recognition of suspected health deviations.

C. Foods and Nutrition Assessment Activities

1. Determine the foods frequently eaten by target school children by February 1, 1975.

The staff nutritionist developed a list of common foods eaten by children. Upon review of the list by the Parent/Community Advisory Committee (PCAC), other foods were also added to the list. The nutritionist also talked with third graders about the foods they often eat; dietary intake was taken on another ~~group~~ of third graders. Based on the above experiences, the nutritionist was able to compile a list of a wide variety of foods eaten by students.

2. Determine dietary intake of target school children by March 1, 1975.

After discussions with the evaluator and the PCAC, the nutritionist formulated a method of collecting the dietary intake of students. This method was to enter a classroom with the list of food and verbally ask the students what they had eaten in the past twenty-four hours. This approach proved to be time consuming and difficult in collecting the necessary data. The nutritionist thus developed the currently used Picture Checksheet to determine student's food intake. This checksheet, based on the foods list, is filled out by each student and takes approximately ten minutes to complete. After piloting the checksheet, the nutritionist made plans for its use in all the target schools.

It was determined that each student filling out the checksheet would be asked about his food intake over a three-day period. The nutritionist desired a minimum of 12 volunteer teachers representative of the target schools to employ the checksheet in their classes (300 students). This would provide an adequate sample of the entire population to determine the dietary intake of the target school children before development and implementation of nutrition education and food and lunch room changes.

Classrooms involved in the dietary intake activity were those who volunteered to be so. It was felt that follow through would be greatest if teachers were interested and chose on their own to participate. The following is a list of participating teachers by building.

Irving	9 teachers
Holy Rosary	1 teacher
Harrison	1 teacher
Madison	2 teachers

Forms were devised so that the clerks could summarize the individual intakes. For each day a record was kept by a child. The number of foods consumed in each of the four food groups and "extras" group were recorded. Fruits and vegetables providing a good source of vitamins A and C were counted separately from other fruits and vegetables. This was done because A and C are often problem areas and are the nutrients of concern when looking at fruit and vegetable consumption. A final summarization of the results is to be completed by mid-July, 1975.

3. On a monthly basis, graph target school's student participation in school breakfast and lunch program beginning September, 1975.

The nutritionist also developed a data sheet to compile school breakfast and lunch participation figures on a monthly basis. This data is available from the School Food Service Office and will be used to determine shifts of student participation as the project progresses. Data on student participation in the school breakfast and lunch program for the entire project year will be available by mid-July.

4. Survey luncheon aides for their ideas on improving the acceptability of school lunch by March 15, 1975.

The nutritionist, with assistance from the evaluator has also developed a survey questionnaire to gather ideas from the luncheon aides on improving the acceptability of the school lunches. The 10-item questionnaire was completed by the luncheon aides in all the project schools (Madison does not have aides as the teachers eat with the students. The parochial schools were not included as they do not participate in the Minneapolis Public School lunch program). The following is data collected from the luncheon aides.

% of Teacher's Aides Responses
About School Lunch Experiences
N = 56

The school lunch food tastes:

Good	29%
OK	54%
Poor	14%
No Response	3%

II. C. (Continued)

The nutritional balance of the food is:

Good 52%
Fair 38%
Poor 9%
No Response 1%

The quantity of food served is:

About right 79%
Too little 14%
Too much 7%

The quality of food served is:

Good 27%
Adequate 54%
Poor 18%
No Response 1%

The variety of foods served is:

Wide 13%
Adequate 52%
Limited 34%
No Response 1%

The eating conditions are:

Pleasant 21%
Adequate 59%
Unpleasant 14%

The amount of time allowed for the students to eat their lunch is:

Too long 0%
Too short 2%
Adequate 95%
No Response 3%

From the following list, mark those items which you think could result in the students eating more of their lunch: (Teacher aide was allowed to check more than one answer)

A more attractive lunchroom	18
More attractive lunchroom	30
Allowing the students to eat with whomever they wanted	12
Smaller tables (round or square)	14
Eating without their coats on	25
Having an adult eat with them	25
Not having to share lunch time with outdoor recreation-time	17

5. Survey target school students regarding their school lunch experience by February 15, 1975.

Students were also surveyed regarding their school lunch experiences. Questions from the lunch room aides' survey were adapted to an interview format and was piloted with one of the target schools' Student Council. It was determined that interviewing students by project staff would yield the best, most accurate data. Thus, approximately 150 students from three of the target schools were selected for interviewing. The three schools selected for collecting student data were: Bethune, Webster and Greeley. The data are as follows:

% of Student Responses
About School Lunch Experiences
TOTAL 6-9 YEAR OLDS (N = 73)

The school food tastes:

Good	48%
Bad	14%
OK	38%

At lunch we get:

Lots of kinds of food	66%
It's the same old food over and over again	34%

II. C. (Continued)

At lunch the amount of food they give me is:

Too much	11%
Just the right amount	58%
Too little	31%

I finish my lunch:

Never	4%
Always	22%
Sometimes	74%

How much time do you have to eat your lunch?

Just the right amount	40%
Too little	26%
Too much	34%

Would you like a teacher or teacher's aide to sit and eat with you?

Yes	66%
No	32%
No Response	2%

If you were going to buy lunch at a restaurant, would you select the food served at school lunch?

Yes	42%
No	58%

I would eat more of my lunch: (Student was allowed to check more than one answer)

If I could eat somewhere else in the school	27
If the food looked better	55
If I could eat with whomever I wanted	54
If the tables were smaller	13

% of Student Responses
About School Lunch Experience
TOTAL 10-12 YEAR OLDS (N = 64)

The school food tastes:

Good	27%
Bad	14%
OK	59%

At lunch we get:

Lots of kinds of food	55%
It's the same old food over and over again	45%

At lunch the amount of food they give me is:

Too much	14%
Just the right amount	59%
Too little	27%

I finish my lunch:

Never	5%
Always	6%
Sometimes	89%

How much time do you have to eat your lunch?

Just the right amount	30%
Too little	58%
Too much	12%

Would you like a teacher or teacher's aide to sit and eat with you?

Yes	22%
No	72%
No Response	6%

If you were going to buy lunch at a restaurant, would you select the food served at school lunch?

Yes 22%

No 78%

I would eat more of my lunch: (Student was allowed to check more than one answer)

If I could eat somewhere else in the school	28
If the food looked better	38
If I could eat with whomever I wanted	38
If the tables were smaller	6

NOTE: A breakdown of the data by school can be found in Appendix B.

It is important to note that ~~for~~ evaluation purposes the above data will serve as baseline data to be compared to similar data collected during the spring of the second year of project operation (April, 1976) to determine effectiveness of the project in respect to meeting the project's goal.

6. Conduct a lunch plate waste study for a sample population of target school children by March 1, 1975.

In order to measure improved dietary consumption by the target school children, the nutritionist with the evaluator's assistance developed a design for conducting a plate waste study.

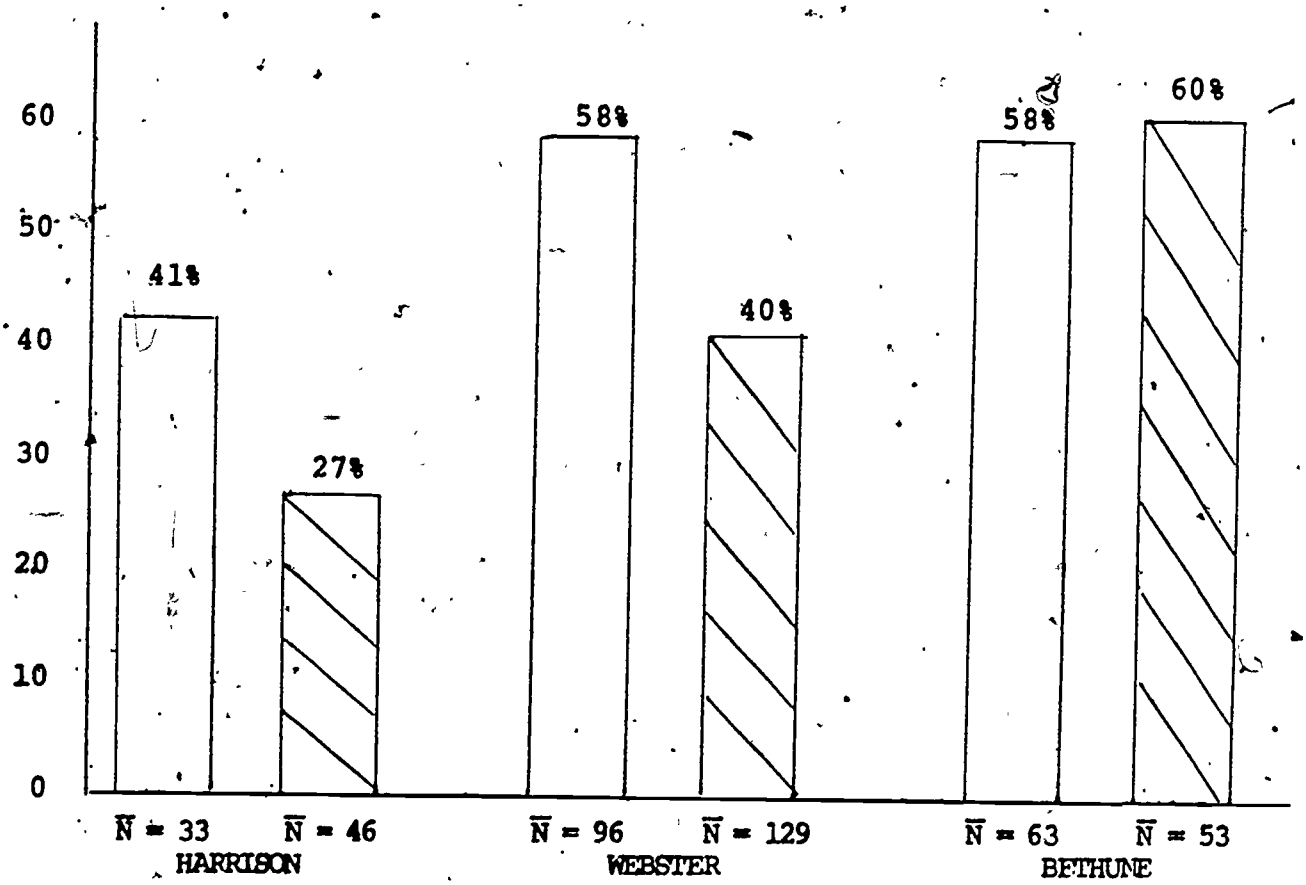
Initially, the nutritionist reviewed the Minneapolis Public School Study done in 1971. Upon observation of all target school student's methods of discarding trays, the following was found. There is no place in any of the schools to unobtrusively observe the student's plates, and there is a steady stream of students in the lunch rooms. Therefore, the procedure for the plate waste study is as follows: The recorder (parent representative of the PCAC) stood at the garbage cans and for every fifth student recorded what was eaten by observing the student's plate. For each item, the recorder would determine whether the student (a) ate none of it, (b) ate a tiny bit of it, (c) ate at least one-half of it, or (d) ate it all.

The form for the parent to mark was developed by the nutritionist. Each parent had a brief training session before conducting the plate waste study. Because two types of food are served in the six target schools (pre-packs which are brought in to be warmed and served and bulk which is prepared and served on site), the plate

II. C. (Continued)

waste study was conducted on two separate days at each school and staggered over a week's time to provide for consistency and reliability in the collection of the information. A second plate wast study will be conducted in year two to determine whether the dietary consumption of the students has improved. Results are as follows.

Average % of Student's Pre-Pack Menu of Food Not Eaten* by School

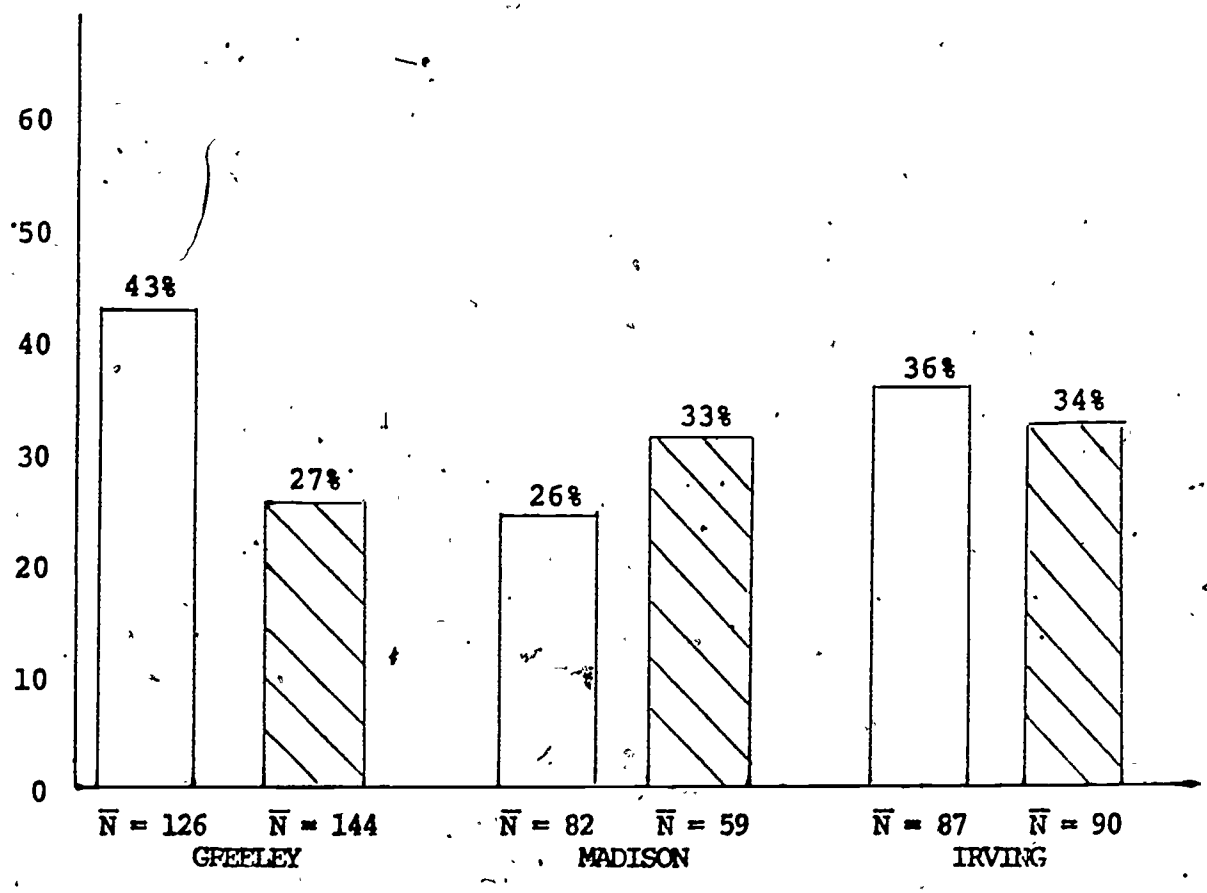


NOTES

Open bar indicates same menu for all three schools.
Striped bar indicates different menu for the three schools.
* Food not eaten - means a student ate no food at all or only a tiny bit, as measured by observation.

II. C. (Continued)

Average % of Student's Bulk Menu
of Food Not Eaten* by School



NOTES

Open bar indicates same menu for all three schools.
Striped bar indicates different menu for the three schools.
* Food not eaten - means a student ate no food at all or only a tiny bit, as measured by observation.

II. C. (Continued)

The following is a list of foods served at lunch that 50% or more of the children did not eat*.

Pre-Pack Food

Webster

Tossed Salad	72%
Bread	65%
Carrot Sticks	60%
Orange Jello	55%
Apple	50%

Harrison

Tossed Salad	53%
Bread	50%

Bethune

Confetti Salad	78%
Tossed Salad	67%
Mashed Potatoes	62%
Orange Jello	57%
Chicken & Gravy	56%
Bread	54%
Sliced Peaches	54%
Meatballs	51%

Bulk Food

Irving

Carrots	80%
Vegetable Stick	71%

Madison

Green Peas	77%
Carrots	64%
Parslied Potatoes	54%

Greeley

Carrots	66%

* Food not eaten means that a student did not eat anything at all or only a tiny bit, as measured by observation.

The evaluator believes that although somewhat delayed, satisfactory progress has been made by this component in completion of this objective. As previously stated, the nutritionist deviated from the original plan because of unforeseen circumstances. The evalutor believes that these changes were for the betterment of the project and will not result in any major effects on the project's overall effectiveness.

D. Community Education Assessment Activities

A student intern from the University of Minnesota's School of Social Work was temporarily assigned the responsibility for the project's Community Education activities and became the project's liaison person with the Minneapolis Public School's Community Education Department. The liaison person attended several meetings with Minneapolis Public School's Community Education staff along with meetings of various community organizations and groups within the geographical area of the project.. An outcome of these meetings is that health education is going on in the community, done by public health nurses, various health oriented agencies and the public schools.

No specific community education needs assessment activities have been carried out. Statement II. A.7. above speaks of a Community Interest Inventory. It was the project staff's decision not to conduct such a survey, but that some type of assessment be conducted in conjunction with ancommunity education activity such as a Health Fair. The staff intern has intermittently worked on program planning with the Minneapolis public School's Community Education liaison person. However, because of other time commitments by both persons, a specific community activity such as a Health Fair has not been planned.

It is the evaluator's opinion that project staff look more closely at ways to involve the community in the development and implementation of their component's health programs.

E. Mental Health Assessment Activities

A student intern from the University of Minnesota's School of Social Work was temporarily assigned the responsibility for the project's Mental Health activites. An initial meeting of community mental health professionals was held. Represented were Pilot City, Area Mental Health, Hennepin County Mental Health, General Hospital, Minneapolis Public School psychologists, and Community University Health Care Center. Discussion centered on the following Mental Health aspects of the project proposal.

1. Mental health is part of the total "package" of health education and health services, involving staff, students, parents and community.

2. The needs assessment mentioned is especially concerned with identification of community resources, entry procedures, etc. Inservice for project and school staff is to follow in order to facilitate the more effective use of existing mental health facilities.

3. Consultation and inservice activities mentioned are aimed at developmental information, preventative measures, and the discrimination between behavioral and medical/neurological problems.

4. The mention of efforts to increase the social interaction skills of the children, and the communication skills of all (parents, teachers and children).

A consensus of what the project should emphasize was not attained at the meeting. When staff met with the Parent Community Advisory Committee an expression of strong opposition to a widespread mental or emotional testing program was raised. Mental Health officials have also indicated that no widely accepted instrument is currently available to assess student needs.

Project staff decided to begin the needs assessment by contacting Mental Health professionals from the target schools in order to raise issues and initiate discussions that would identify areas of need. A plan was established to involve the Mental Health professionals and target school principals in the definition of problem areas. Areas of concern that emerged included the following:

- Training requirements for various categories of aide staff dealing directly with psychological concerns.
- Concern centered on the system of service delivery and the service delivered.
- Improving the "mental health" atmosphere of the school.
- Need for socialization groups.

In May, the student intern began a study of social work records for the target schools. This study is being conducted to answer the following questions.

- What problems are being identified?
- What is the in-school referral system and how are school resources utilized?
- How does the referral system to community resources function?
- Is there any evidence of circularity - a child being repeatedly brought to attention, but no suitable, acceptable, or available resource identified to deal with problem? (In other words, evidence of any backlog).
- In general, are there any gaps in either problem identification or service?
- Is there any evidence of need for further diagnostic services?

The intern met with each building social worker for an hour to explain the study and to become familiar with the respective school.

The intern then read a random sample of 12 files in each school (72 records reviewed in study) and the following information from each file was recorded.

- Origin of referral (who referred the child)
- Age of child on referral
- Presenting problem
- Process for handling problem
- Resource used
- Results - if any
- Present problem (if different from presenting problem)
- Role of social worker

Data from the above study is currently being analyzed. It is hoped that the results will assist project staff in planning for year two. It is possible that several administration questions could also be answered. For example, are the records problem-oriented? Are there ways of discerning discovery rate, adequacy of resources, or effectiveness of process? Are there implications for professional growth?

It is the opinion of the evaluator that the activities sited above have begun to surface the real mental health needs in the target schools and that the results of the study of social work records will give direction for the project in the mental health area.

Evaluation Findings

The evaluation findings for Objective II are presented below by component.

HEALTH EDUCATION

- The teacher's survey resulted in a list of health topics or needs to be used in considering the development of health education priorities for the component curriculum units.
- The catalogue system was completed by outlining a systematic method for materials compilation and establishing a method to maintain the system.
- The Community Interest Inventory was not completed. The intent of the overall objective has been satisfied by other project assessment activities.
- All other project activities scheduled for the satisfaction of this component have been completed.

Evaluation Findings (Continued)

HEALTH SERVICES

- While the information on the families using Primary Health Care was felt to be inadequate, the evaluator thinks that the project director should decide if the priority of this activity is worth the effort required to upgrade the data.

- The evaluator has concluded that the needs assessment objective has been satisfied for the Health Services component. The project staff has developed a list of priorities based upon the needs assessment activities. These priorities were based upon a review conducted by project staff of school based health program needs as identified in activities II. B.1. (6.). The project staff has focused the established priorities by defining activities for implementation.

FOODS AND NUTRITION

- Project staff were initially delayed in completion of the needs assessment surveys. The delays were the result of more detailed planning which resulted in collecting more accurate information.

- Data collected will be compared to similar data gathered next spring (1976). Data collected this year indicate vegetables are the one food group children ate the least.

- All other activities have been satisfactorily completed as scheduled.

COMMUNITY EDUCATION

- Specific assessment activities for this component were not conducted as data were collected by other means.

- Because of the nature of this component, it is recommended that Community Education activities be integrated in the other component activities.

MENTAL HEALTH

- Needs assessment information gathered from community mental health professionals resulted in involvement of target schools determining their own needs. School programs were planned to meet those needs.

- Study of social work records will yield information for future project planning for the area of Mental Health.

- All planned activities have been satisfactorily accomplished.

Evaluation Findings (Continued)

In summary, the needs assessment activities as planned by the project staff resulted in information useful and important for project program planning. Current analyses of results will be useful for year two project activities. This objective had the highest priority (of the four) and thus the majority of project activities centered around the overall successful accomplishment of this objective.

III. DEVELOP A HEALTH PROGRAM TO MEET THE IDENTIFIED NEEDS BASED ON AN ESTABLISHED SET OF PRIORITIES

Introduction

Upon reviewing the results of the needs assessment, project staff established a set of project priorities to aid them in their planning. The project priorities are focused primarily on physical health, with mental health next and finally social health. The following lists the activities by component. The activities are ordered according to their priority and are designed as a physical, mental or social health activity.

Health Education

1. Curriculum development and implementation (physical)
2. Building staff in-service (physical)
3. Community education

Health Services

1. Follow-up for currently identified health problems (physical)
2. Develop a system of data collection and communication (physical)
3. Develop and implement a model mass screening program (physical)
4. Develop an assessment program for suspected problems (physical)
5. Develop an in-service program for building staff which will enable them to better identify possible health problems (physical)
6. Immunizations

Foods and Nutrition

1. Curriculum development (physical)
2. In-service of teachers (physical)
3. Food service (mental)
4. Community education (social)

Community Education

1. Obesity prevention group for children (physical, mental and social)
2. Contacting community groups and agencies
   - to get to know community needs and services (physical)
   - to explore ways to work together (physical and mental)
3. Develop adult programming in response to community need where goals and/or target coincide with project (physical, mental and social)
4. Newsletter (social)

III. (Continued)

Mental Health

1. Monitoring and evaluation of current programs (mental)
2. Parent orientation group-summer program (mental and social)
3. Assessment of social work records (mental)

The report of the project activities that follows will relate to the above component activities.

A. Health Education

1. Curriculum development and implementation - Upon reviewing the needs assessment, the staff believed that the following areas were considered to be the most important in developing curriculum units.

   - Personal Health
   - Safety
   - First Aid
   - Nutrition

   The two other areas, Environmental Health and Mental Health, were also determined as having high priorites. However, staff discovered a federally funded environmental education project currently operating in the district and believed that it was serving this purpose. Because the staff believe mental health is touched upon in all activities, they decided to specifically order several Mental Health films concentrating on the previously mentioned units.

   Suggestions for developing the curriculum were developed (see Health Education Activities under Objective II) and were reviewed as a first step in the curriculum development. Staff also had a meeting with the Parent Community Advisory Committee (PCAC) which recommended that the curriculum unit be an outline of developmental health education concepts. Project staff had previously determined they desired a textbook as a supplement to the curriculum and this concept was approved by the PCAC. After reviewing a variety of health education services and programs, the Scott-Forsman Health and Growth Series was selected. Staff had also decided to adopt a teaching strategy or structure which utilized value clarification and building positive self concept. Staff believed this approach would be best suited for development of their units. The incorporation of this strategy would be employed for all units developed and would pertain to student's mental health.

   The above model was adopted for all units. The format for each unit developed is as follows:

Learning Center (This is a container with all materials for the unit)

- Teacher's Guide (content material-supplemental text)
- Pamphlets appropriate to the area studied
- List of films, resources, field trips
- Children's Activity Cards

Level A - Pre-Kindergarten -- Grade 1
Level B - Grades 2 and 3
Level C - Grades 4 - 6

The Teacher's Guide for each unit will indicate:

- Integration of health in all subject areas, i.e. Language Arts, Math, etc.
- Library resources
- References to supplemental text
- Unit objectives
- Evaluation tools
- List of minimum required activities for all children
- Ditto sheets for teacher's classroom use
- Activities for parents to perform at home, with child, by themselves in a parent group or in school with the child
- Teacher assessment instrument (to obtain information from teacher about unit)
- Student's level of knowledge before and after participation in the unit

The Teacher's Guide will be open-ended to allow for teacher input.

During the spring, the following units were pre-piloted in a variety of ways to get a better grasp of the format and the materials.

First Aid Unit

Irving School	20-25 students	6 sessions
Webster School	30-40 students	6 sessions
Bethune School	16 parents	

Nutrition Unit

Harrison School	25 students	4 sessions

Personal Health Unit

Irving	16 students	3 sessions
Greeley	30 students	4 sessions
Bethune	25 students	3 sessions
Madison	30 students	2 sessions
Madison	30 students	3 sessions

Upon completion of the pre-piloting staff gathered information from teachers and students in order to begin the revision process for the formal piloting program to begin in the summer.

Staff received many suggestions and comments which are currently being incorporated into the units prior to their piloting this summer. It is interesting to note that while pre-piloting, staff discovered many similar activities in the health area currently in use. This discovery led to a greater effort to coordinate all these efforts rather than duplicate.

During summer school, the following units will be piloted:

Personal Health, First Aid and Safety Units

Part of piloting will include joint parent and student activities. Activities will include joint first aid courses and field trips. Resource volunteers will work with the Health Education Component. An example would be Minneapolis Fire Department, Minneapolis Police Department and Community School Nurses. There will be one staff teacher and one instructional aide assisting in the Summer School Session.

The evaluator and project staff have developed an evaluation design to determine student accomplishment of unit objectives. A Unit Evaluation Form for teachers piloting the units has also been developed to obtain feedback on the curriculum. The evaluator prepared a data collection form for the project. Tabulation and analysis of the data collected during the piloting of the units this summer will be reported on at a later date.

The evaluator reviewed the above activities with staff and believes that the steps taken to ensure that the curriculum units being developed were most adequate and appropriate. The decision as to which unit to develop and the methodology to employ this unit were made on the basis of teacher, student and community input as to what was most needed.

2. Building staff in-service - The in-service plans for this fall have been completed. The in-service for Health Education will begin the second week of October following the Smorgasbord of Ideas in September. Sessions will be held for two hours over a six-week period. In-service will be provided on separate days for north and south area schools. Each session will center around the following health areas:

Safety & First Aid
Mental Health
Nutrition Education
Personal Health
Chemical Dependency
Dental Health

Each is limited to 25 teachers and a stipend or professional growth credit is to be offered. Activity packets to be used in the classroom will be provided to the teacher at each session. Project staff plans to present in-service sessions beginning again in February. Areas to be covered depend on available health units, reachers requests and availability of staff for in-service.

3. Community education - see discussion under Community Education Component later in report.

B. Health Services

Based upon the priorities established in the needs assessment activity, the Health Services Program will focus on the following activities.

- Completing the follow-up of health screening done in fall, 1974.
- Devising a system of collecting concise health data and a system of communicating this data to appropriate persons such as parents, school staff, primary care centers.
- Developing a mass student health screening package that will be utilized both in Summer School and Fall Sessions, 1975 in the project schools.
- Developing a suspect problem screening package that will be a more in-depth health assessment. Children will be included in this assessment after teacher or parent referral for suspected health problems.
- Developing teacher and parent health in-service to increase their observation and recognition of suspected health deviations.

1. Screening

In cooperation with the Minneapolis School District, the following screening program will be offered to all school students. The screening procedures outlined are to be considered screening procedures and not diagnostic or treatment procedures. After written parental consent, the results of the screening will be sent to the child's identified source of health care. It is the project's recommendation that the same

screening program be offered during summer school that is offered during the school year. The completion criteria for the follow-up of the screening are that a child may be considered completely followed up if she/he meets one of the following criteria.

- Been rescreened and found normal.
- Been fully evaluated and found to need no treatment
- Received all treatment.
- Established a continuing pattern of treatment and management.

Each of the recommended screening categories and procedures for implementation and follow-up are described.

a. Hearing

(1) Screening Rationale: the aim of auditory screening is to identify children who have reduced hearing sufficient to interfere with their social and educational contacts and responses.

(2) Method of screening: Pure tone audiometry will be done. Each child will be screened at 500, 1000, 2000, and 4000, at 20 dB HL.

If a child fails to respond to the 4000 Hz tone at 20 dB HL, the intensity should be raised immediately to 25 dB HL which is the ANSI 1969 calibration standard. If a child fails to respond to any one of the frequencies presented in either ear, that child has failed the screening test. Any child who fails the screening should be rescreened immediately. This re-screen consists of removing the earphones, reinstructing the child and conducting the screening procedure again.

(3) Population: Kindergarten through Sixth Grade.

(4) Materials or Equipment: Maico Audiometer -- 2 chairs -- table.

(5) Personnel involved: Audiometric technician or Audiology student.

(6) Referral criteria: A child fails the hearing screening test if, on re-screen, consistent responses are not obtained for the following tones in either ear:

- a 500 Hz, 1000 Hz, or 2000 Hz tone at 20 dB HL
- a 4000 Hz tone at 25 dB HL

(7) Follow up of positive results: A letter will be sent to the child's parents informing them that the hearing screen done at school indicated their child may have a hearing problem. It will be recommended to the parents that a brief follow-up test be done in an audiology clinic. This conductive audiological evaluation is available free of charge at Lyndale School where there is a sound proof room and audiologist. The project will assume the expense of post treatment audiological evaluation at the Lyndale Center.

b. Impedence Audiometry

(1) Screening Rationale: The purpose of the impedence audiometry is to quickly and objectively identify children who have a dysfunction of the tympanic membrane or middle ear.

(2) Method of Screening: An impedence audiometry which will be used is tympanometry. Tympanometry is an objective method for evaluation of the mobility of the tympanic membrane and the functional condition of the middle ear. These measurements are recorded automatically or manually on a graph, which represents the compliance-air pressure function known as a tympanogram. Each tympanogram displays a measure of middle ear pressure and indicates the functional condition of the middle ear mechanism.

(3) Population: Kindergarten through Sixth Grade.

(4) Materials or equipment: Impedence Audiometer - 2 chairs - table.

(5) Personnel Involved: Trained technician or Audiology student.

(6) Referral criteria: An immediate referral will be made to the child's physician if in addition to a positive impedence test the child fails the hearing screen or the teacher questioned a hearing problem; otherwise, it will be rechecked in two weeks. If it remains the same in two weeks, the child will be referred.

(7) Follow-up of positive test: A form letter will be mailed to the child's parents indicating the need for a complete ear examination by the child's Family Physician, or Ear Specialist.

c. Vision

(1) Screening Rationale: The purpose of eye screening of children is to detect potentially blinding diseases and visual impairments which will interfere with the development and education of the child.

(2) Method of screening: The Titmus Vision Tester will be used. Attention will be given to evaluating the reliability of this instrument. If satisfactory, it is the recommendation of the project that vision screening be conducted using the format in use with hearing. That is a skilled technician (or technicians) providing the service on a rotating basis.

(3) Population: Kindergarten through Sixth Grade.

(4) Materials or equipment: Titmus Vision Tester - 2 chairs - table.

(5) Personnel involved: Trained technician.

(6) Training for procedure: Arrangements have been made with an Illinois Department of Public Health Consultant to provide training in vision screening. Particular emphasis will be given to the use of the Titmus binocular vision screener.

(7) Referral criteria: Screening for near and far vision will be offered to all students in the target schools. To pass the test one must see all the letters on the 20/50 and 20/40 lines. If one does, keep on testing at 20/30 and 20/20 lines, but here one may miss two on either line and still get credit for that line. For third grade and below, visual acuity is also failed if there is a difference of 2 or more lines in the acuity of the two eyes. After analysis of prior vision screening data, there is some concern about the high incidence of vision screening failure. Special attention will be given to analyzing screening data and reports from treatment providers, in an attempt to determine the basis for the rate failure.

(8) Follow-up of positive tests: A form letter will be mailed to the child's parents indicating the need for a complete eye examination by an eye specialist.

d. Eye Muscle Balance

(1) Screening Rationale: Same as vision screening rationale.

(2) Method of screening: Screening will be conducted with a Titmus Vision Tester. Since there is some question of the reliability of this instrument with eye muscle balance, a Cross Cover test will be done in addition. Gross screening for pathological eye conditions will also be offered.

(3) Population: Kindergarten through third grade.

(4) Materials and equipment: Titmus Vision Tester - pen light - one table - four chairs.

(5) Personnel: Pediatric Nurse Associate - Trained technician for Titmus Vision Tester.

(6) Training for procedure: Pediatic Nurse Associate training and trained Titmus Technician.

(7) Referral criteria: The criteria for gross observation is: Any tendency for the eyes to turn in, out, up, or down should be noted and recorded as failing. The criteria for the cross cover test is: As the covered eye becomes uncovered, observe carefully whether or not it moves. If it moves, it is considered a positive Cross Cover test.

(8) Follow-up on positive: The forms used for muscle balance are the same as for visual acuity.

e. Oral Inspection

(1) Rationale for inspection: The purpose of inspection for dental disease is to establish follow-up priorities. It is presumed that annual professional dental examinations should be given to all children. The inspection used is used to identify those students who need immediate follow-up.

(2) Method of inspection: Gross visual dental screening.

(3) Population: Kindergarten through sixth grade.

(4) Materials and equipment: Pen light - tongue depressors.

(5) Personnel: Nurse

(6) Training for procedure: Inservice by a Dental Hygienist.

(7) Referral criteria: A single criteria of "cavities observed" will be used.

f. Blood Pressure

(1) Rationale for screening: The aim of the blood pressure screening is to identify children with hypertension.

(2) Method of screening: Auscultation method.

(3) Population: Kindergarten through sixth grade.

(4) Materials and equipment: Sphygmomanometer with appropriate cuff sizes -- Stethescope - (Pediatric with bell and diaphragm) -- table -- 2 chairs.

(5) Personnel: Nurse.

(6) Training for procedure: Inservice for Dr. Allan Simaiko and programmed instruction called "Correcting Common Errors in Blood Pressure measurement."

(7) Referral criteria: The referral criteria for blood pressure is greater than two standard deviations from the mean. The normal blood pressures for each age is from a pamphlet entitled "Blood Pressure of Children from 6-11 years". (HEW 11-135).

(8) Follow-up of positive tests: It was recommended that the blood pressure reading be done once at the beginning of the screening process and once at the end of the screening process. Children with blood pressure readings two standard deviations or greater from the mean would be rechecked by the same Nurse two months later. If the blood pressure remains the same, the child's parents would be notified and referred, with the results of the screening, to the child's physician.

g. Height and Weight Screening

(1) Screening Rationale: Growth assessment is used as a screening device for a general appraisal of the child's state of health. Periodic growth screening may help detect diseases as conditions which interfere with growth and lead to their prompt treatment.

(2) Screening Method: The child is measured standing with no shoes on. Balance scales, which are the most accurate and yield the most consistent results, should be used, and they should be calibrated (set at zero before starting).

(3) Population: Kindergarten through sixth grade.

(4) Materials or equipment: Balance scale -- table for recording.

(5) Personnel: Aide or volunteer.

(6) Training for procedure: Explanation of technique with a few hours of practical experience.

(7) Referral Criteria: The criteria used is from the references as referred to in A Guide To Screening EPSDT Medicaid. Unfortunately, at this time ideal growth standards for various population groups are not available. In the meantime, the Composite International and Interracial Head Circumference Graphs (available from Mead Johnson Company, Evansville, Indiana), Iowa Growth Charts (available from Order Department, Sidwell Building, University of Iowa, Iowa City, Iowa) and the Harvard Growth Charts (Mead Johnson Company, Evansville, Indiana, or Medical Director, Ross Laboratories, Columbus, Ohio) are readily available.

Most children remain in their percentile groups. If the child's measurements are between the third and the ninety-seventh percentile and if the child's growth rate has not changed (increased or decreased) by more than twenty percentile points, growth is considered to be normal. If the measurement is above the ninety-seventh percentile or below the third percentile or if the rate of growth has changed more than twenty percentile points, the examiner should seek to determine the causes for this deviation.

Raw height and weight data will be converted to percentile figures, and, an ongoing record of height/weight will be included in each students health record.

(8) Follow-up of positive screening: Referral in the area of height and weight will be done by direct contact with the parents by a Public Health Nurse to obtain a pertinent health history which will screen items such as family stature, nutrition intake and previous height and weight to further assess the suspected growth problems before referral to the child's physician.

h. Scoliosis Screening

(1) Rationale for screening: From "Early detection of Scoliosis by School Screening" prepared by Twin Cities Scoliosis Center in conjunction with Minnesota Department of Health and Minnesota Department of Education.

"Scoliosis, the medical term for lateral curvature of the spine, is a common disorder. Progressive scoliosis may lead to crippling and ugly spine deformity ("hunchback") and therefore, should be prevented if possible.

When detected early, treatment with a brace prevents the worsening of the deformity, and therefore prevents the need for surgery.

When detected late, surgery may be necessary. Early detection is therefore, critical to ideal treatment. To be satisfactory, early detection depends upon mass screening of the critical age groups. Parents cannot be expected to detect the curve at this early stage. Therefore, we propose that all school children ages 10, 11, 12 and 13 be examined once a year for this problem."

(2) Method for screening: The back is observed for obvious abnormality-curvature, shoulder levels, protruding shoulder blade, waistline. The child is next examined in the "forward bending" position - bent at the waist, arms hanging with palms together, knees straight. The level of the back is observed comparing the two sides, a difference in the levels indicating a positive test. This is best performed with the child bending toward the examiner.

(3) Population: Fourth through sixth grades.

(4) Materials or equipment: Screen or division for privacy if needed.

(5) Personnel: Pediatric Nurse Associate.

(6) Training for personnel: Part of Pediatric Nurse Training.

(7) Criteria for referral: Follow-up for positive screening - A letter will be sent to the parents explaining the results of the test and the need for an evaluation by the child's physician.

i. Speech Screening

Method and criteria to be established.

j. Suspected Problem Screening

The students involved in this more comprehensive evaluation will be referred by either an individual school staff member who has identified a pupil with a suspected health related problem, as a result of the Mass screening, or as a prerequisite before a Student Support Team Meeting on a particular child. This is the area where the School Nurse and Pediatric Nurse Practitioner have an opportunity to work closely together to perform a comprehensive health assessment. Explicit parental permission will be obtained for this assessment. The guidelines for the total health assessment have not been detailed; however, it could potentially include a general history, physical and neurological examination, urinalysis, and hemoglobin with specific assessment items added to the health assessment as dictated by the problems identified initially in the referral. Part or all of the health assessment could be done in the school setting or with Pediatric Nurse Associate working in Community Agencies. The health assessment should include items and criteria which is being formed by the EPSDT at the State Health Department so as to decrease duplication of services.

k. Community Agency Involvement

The Community Agency involvement with preventative health services with the Project seems to be in two potential areas. One potential involvement is with the updating of immunizations on all the children. The second involvement is with the role of the Pediatric Nurse Associate in giving her/him a medical facility from which to have laboratory work done and to perform a physical examination with direct medical back-up.

2. Collection and Communication of Information

The project is devising a system of collecting concise health data, and a system of communicating this data to appropriate persons such as parents, school staff, primary care providers.

a. Communication from parents

(1) There will be an addition to the current Health Emergency Card. The addition will be a brief update of the pertinent health history of each child.

(2) There will be a comprehensive history taken on every entering Kindergarten child during a conference arranged between the School Nurse and the parents.

(3) Notes of important telephone information from parents will be recorded in such a way as to assure that the School Nurse will have access to this information.

b. Communication to parents

(1) Positive results of the mass Health Screening will be sent to parents by United States Mail.

(2) Results of comprehensive health assessment should be made by conference or a home visit.

(3) Negative results of the mass Health Screening will be sent to parents with their children, as opposed to U.S. Mail.

c. Information to teachers

(1) From the mass health screening and medical cum record lists of children with identified or suspected specific health problems such as hearing or visual problems should be given to teachers and special education teachers. These lists should be made current monthly as a result of the follow-up of the screening are completed.

(2) One of the most important potential exchanges of information could be through a conference with a team of teachers, School Nurse and Pediatric Nurse Associate. This could be done following the mass screening and after Health Emergency Cards have been turned in with an update of health problems.

(3) Another method of communicating general health information is through teacher in-service which is planned.

(4) Also, if a comprehensive health assessment is done just prior to a Student Support Team Meeting the results could be shared with the members of the team.

(5) Health education printed articles which describe specific health problems would be useful for teacher's who have students with identified health problems.

d. Information from teachers

(1) The teacher-nurse conference as discussed above also would provide a group learning experience about what is an appropriate health referral.

(2) A concise teacher observation checklist should be developed for children coming from the classroom to the Nurse's office on a daily basis. It would give the Nurse more direct information about why the teacher is sending the child to the office.

(3) Teacher referral list. This should be filled out by the teacher, before the teacher-nurse conference.

(4) Questionnaires for specific problems -- for example, behavioral rating scales for students with special learning problems.

e. Information to Community Agencies

(1) The Health Emergency Card will be revised to give written consent of release of Medical Information from the health screening to the identified health source on the Health Emergency Card.

(2) An effort should be made to include Community Agencies that are already involved with the students to keep them informed of the child's problems and performance at school.

(3) Results of Health Screening will be sent to source of health care.

f. Information from Community Agencies

(1) Completed referral forms from health screening.

(2) Past history and evaluations are available to the school upon written permission from a parent.

3. Building Inservice

a. There will be a staff in-service to increase the skills necessary to identify health needs. The general content areas are:

(1) Normal growth and development of the school-age child.

(2) Common acute problems.

(3) Normal personality development.

(d) Normal family development.

(e) Crisis: divorce -- death -- abuse..

If necessary building staff will receive a stipend for attending these programs.

b. An in-service will be developed to be used by the school nurses with their Health Assistants knowledge base in dealing with and understanding children with acute and chronic health problems.

4. Facilitation of the Use of Community Based Primary Care Services

a. If a child has a source (or sources) of primary care, it will be identified and made part of the child's cumulative health record. Once identified, the source will be contacted and a plan of mutual support will be developed.

b. Where no primary care provider is identified by the child's family, eligibility for various public programs will be reviewed and enrollment where possible will be encouraged. If the family desires a private physician or clinic, consumption of routine and emergency care through these sources will be encouraged.

5. Mental Health Services

a. During the 1974-75 school year, monies were distributed to target schools to meet needs determined by building staff. This mechanism will be used next school year, but in a much more selective fasion. Awards will be made on the basis of project staff determination of student needs. (Monies available may be limited due to item "b" below).

b. If determined necessary, the project will purchase mental health and consulting services up to a maximum of $15,000.

6. Community Resource Utilization

A Pilot Project is being proposed by the Health Demonstration Project to include one of the Project schools as a base for one of the Community Health Agencies. Parents who have identified the Community Health Agency as the student's primary source of health care are eligible for this service. Appointments would be made in advance at the school and past medical records (medical chart) would be brought to the school from the Community Health Agency. The

school health records would include pertinent information from the evaluation. The evaluation would be done with one of the child's parents present. The medical evaluations which could potentially be done would be limited only to some extent by the laboratory and X-ray facilities available.

7. Health Services Component Summer School Plan

a. The screening and assessment program developed by the project will be offered to all students Pre-K through the 6th grade in our target schools.

b. Staff from the target schools will be offered an in-service in the recognition of health problems. In addition, staff will receive information and training in:

(1) how they may help
(2) appropriate referral procedures
(3) type of service to be expected upon referral
(4) follow-up activities

c. A detailed introduction to the schools and their supportive services, particularly emphasizing interpersonal contact will be offered to parents. Parents who are enrolling their first child and parents whose concerns about school is high, would constitute the target population. Any parent would be welcome, however.

Follow-up Activities

A follow-up reporting system was developed by the project staff. This system is keyed to a form called the follow-up report.

The report has two basic parts to fill out.

Initiation
Final Report

The Initiation part has the following data elements.

Student ID
Form No., School Code No.
Referral Source

Parent	Community Agency
Principal	Screening
Teacher	Para-Professional
Student	Other
Pupil Personnel	

III. B. (Continued)

Referral Problem

- Vision
- Hearing
- Financial
- Spec Ed Diagnosed Evaluation
- Learning Disability
- Cat. Special Ed
- Communicable Disease
- Dental
- Long Term Disability
- Acute Health Problem
- Staff Health
- Speech
- Health Education
- Other

Date Initiated
Date Completed
Time (days to complete)
Student
Reason
Plan

The Final Report part of the follow-up report has spaces for actions taken relative to the plan. When the student has met the completion criteria, the completed date is filled out and the copies of the form are sent to the project. One copy stays with the school nurse. One copy is sent to data processing for sorting of key data.

Data has been processed for the months of March and April, 1975. The results are summarized in the following tables.

Referral Completions by Service Category

Service Category	No. Completions March	No. Completions April	% Completions March	% Completions April	Average Days March	Average Days April
Vision	26	63	30	39	12	39
Hearing	18	24	21	15	13	41
Learning Disability	--	1	--	.5	--	28
Communicable Disease	2	2	2	1	12	27
Dental	27	45	31	27.5	17	37
Acute Health Problem	1	--	1	--	3	--
Other	12	28	15	17	16	33
	86	163				

III. B. (Continued)

Referral Completions by Referral Source

	No. Referrals		% Completion	
	March	April	March	April
Teacher	1		1	
Student		1		.5
Pupil Personnel	3	21	3	13
Screening	78	138	92	85
Para-Professional	--	1	--	.5
Other	4	2	4	1
	86	163	100%	100%

The results indicate that vision and dental problems have the largest percent of completions for March and April. Also, the largest referral source is the screening program.

Summer Screening Activities - A screening schedule for summer screening has been established to implement the summer screening program.

Screening Schedule

June 17, 18, 19	---	Harrison	8:15 a.m.-12:15 p.m.
June 20, 23, 24	---	Bethune	8:45 a.m.-12:45 p.m.
June 25, 26, 27	---	Greeley	8:45 a.m.-12:45 p.m.
June 30, July 1, 2	---	Irbing	8:45 a.m.-12:45 p.m.
July 3, 7	---	Webster	8:30 a.m.-12:30 p.m.
July 8	---	St. Stephens	

Teacher In-Service Program - A teacher in-service program has been developed. This program will be implemented during June, 1975.

III. B. (Continued)

The objective of the program is:

"To increase teacher input into improving and/or maintaining the health of the child attending target schools as a means of maximizing that child's learning potential".

The evaluator has assisted staff in preparing evaluation forms to be filled out by the participants for obtaining feedback on the quality of the program.

See Appendix A for screening forms, follow-up report and in-service schedule.

C. Foods and Nutrition

1. Curriculum Development - The staff nutritionist has worked with the Health Education staff in developing a Nutrition Education unit. This unit was pre-piloted in Harrison School with 25 students. The unit is currently in revision for piloting in the fall. This unit will also utilize the evaluation design developed for Health Education Units.

During summer school, the staff nutritionist and a graduate student in Public Health Nutrition will pilot nutrition learning activities. Several of these activities will include joint parent and student sessions.

2. In-service of teachers - During the first year of the project, two workshops for teachers were offered. The workshops, "Big Ideas of Nutrition Education" were sponsored by the Dairy Council of the Twin Cities for all K-3 district teachers. Special flyers were sent to target school teachers with the added incentive of being reimbursed for attending. Twelve teachers from the target schools participated. Several dietetic student trainees also worked with the nutritionist during the year. The nutritionist will also be involved in the target school's fall in-service program discussed under Health Education.

3. Food service - The nutritionist has been meeting monthly with the food service staff supervisor in order to get a better idea about their operations.

The nutritionist also made a site visit to a five-State Nutrition Education Project housed in Atlanta. As a result of this visit, the nutritionist is in the process of establishing team building workshops for the fall. The team building, with a school team of a primary teacher, intermediate teacher, kitchen assistant, social worker, nurse and parent, would provide a method of coordination of all health education activities in a school. Specifically, it is an excellent way for food service workers to work with teachers as resource persons for nutrition education.

Along with the team building workshops, the nutritionist also plans to hold additional orientation activities with the target school's kitchen assistants and teacher aides supervising lunchroom programs in an attempt to make them more aware of the importance of nutrition education in the area of Health Education.

Lastly, the only target school without a school lunch program will begin serving hot lunches in the fall. This was primarily due to efforts of the staff nutritionist.

4. Community education - The nutritionist has been involved in several community nutrition education activities. A program was held for parents of a state funded Early Childhood Education Project. An attempt was made at Bethune School to offer a weight/nutrition education program. Students were selected on the basis of the health screening. However, parents contacted to enroll their children felt their children were not overweight, thus the program did not materialize.

A nutrition activity group also was in operation and will be discussed under Community Education (III. D.).

The activities planned and carried out by the nutritionist for teachers, staff, students and community were based on the information received from the teacher, staff and student surveys (needs assessments). The evaluator believes that the curriculum unit on nutrition is the most expedient way to reach the entire school group. The team building concept and the direct involvement of food service staff with teachers and other professionals appear to be a very good approach to coordinating and maximizing Health Education activities within a school and community setting.

III. (Continued)

D. Community Education

1. Obesity prevention group for children - From the inception of the project, there has been an interest in developing a program for obese children. Discussions for such a program to be based in the schools took place. It was felt that staff could develop a program model, but the actual program would need to be carried on by others upon completion of the project. The community education coordinator at one of the target schools indicated an interest in offering the program as an after school program for girls in grades four through six. Teachers have been asked to refer students that might benefit from such a program. Twelve girls were referred and parental permission is currently being solicited to determine the feasibility of piloting the program.

   During the spring, the student intern assigned to work with community education activities and the staff nutritionist piloted the nutrition education and exercise program at Greeley School for obese and potentially obese (underactive) girls in grades four through six. The program description and evaluation are currently being prepared by the student intern.

2. Contacting community groups and agencies

   - to get to know community needs and services
   - to explore ways to work together

3. Develop adult programming in response to community need where goals and/or target coincide with project

   The student intern has worked on contacting community groups and program planning with the Minneapolis Public Schools Community Education liaison person. The intern also began working with Glenwood Community Center to develop health related community education programs. Numerous community members expressed an interest in a diet/exercise program so a program was offered during Adult Night. The group attendance has fluctuated (3-10), but has been enthusiastic. Baby-sitting was offered as an added incentive. Recently, 25 additional women expressed an interest in continuing the program in the fall if it were offered. Plans are to continue.

   Further contact with the community has been made by distributing 150 copies of the Project's first newsletter (see below). Thus far, no feedback has been received about additional community education activities.

Another target school, Bethune, offered a certificated First Aid course for 14 parents. This course was taught by a Minneapolis Public Schools Health Services staff person and requested a materials subsidy from the project. As a result of the parents getting together for the First Aid class, the school nurse was also able to involve the parents in two additional meetings: one on dental health, the other on nutrition education.

The student intern has also been meeting with the Minneapolis Public Schools Social Work Training Coordinator, the West Area Social Work Team Leader and the Community Outreach Worker to develop a proposal for the West Cluster schools. This proposal relates to both community education and mental health. The degree to which this project should become involved is currently being studied.

4. Newsletter - A newsletter about the project was compiled by the student intern for dissemination to the community (150) and the school system (450). The purpose of this newsletter was to increase awareness and visibility of the project and hopefully to gain feedback about future planning. School and community members had indicated that they were unaware of project activities. As very little feedback has been received since the distribution of the newsletter, it is assumed that it has served its purpose.

The community education activities appear to meet interests of the community. Utilizing other component expertise (nutrition) in developing programs for the community, it is essential, as the evaluator believes, that community education should be a part of the other project components. It is important to review the results of the Obesity Prevention Group to determine the feasibility of continuation of this kind of activity.

E. Mental Health

1. Monitoring and evalution of current programs - Because of the individualized mental health needs expressed by each of the target school's staff, project staff decided it would be best to solicit proposals from the target schools for meeting each school's individual mental health needs. Staff believed this would be more appropriate than to attempt to develop a program that would fit all the needs of the target schools.

Four proposals were received and reviewed by project staff. The Parent Community Advisory Committee also received copies of these proposals and made recommendations to the staff about their funding.

Project staff reviewed the expressed mental health needs of the target schools to determine if the proposals were directly related to these needs. The current status of the four mental health programs funded by this project is as follows:

- East Administrative District

  The "North of Lake" proposal had a series of inservice training sessions in teaming and casework skills for mental health professionals and paraprofessionals. Sessions have concluded and evaluation has been written, but not received as yet at the project office. Verbal reports indicate the sessions were quite successful.

- West Administrative District

  The Harrison "Friendship Groups" have just concluded and the final report is in progress. The student intern monitored this program, and some of the children have shown marked positive behavioral change in their peer relationships.

- North Administrative District

  The Webster program was completed in late March. The full evaluation has been submitted for review by the project staff. The student intern monitored this project and believes it was very successful in brining together teacher and parents to plan for the school. A year-end summary of their final action plan has been requested and is being written.

- Parochial Schools

  St. Stephen's and Holy Rosary - Five workshops have been held, and each school has developed action plans. A full evaluation and report has been submitted and is under review by project staff. The schools have been requested to evaluate their progress on their action plans by 1/1/76.

2. Parent orientation group-summer program - A program has been planned for parents of children who are entering Kindergarten or first grade. It will consist of five sessions during the summer and will be held at Greeley School. The objectives for the program are: (1) to familiarize parents of children beginning school with the personnel, the surroudnings, the

materials, and the processes affecting their children; (2) to develop skills in these parents for supporting their children in the educational process; and (3) to provide an opportunity for the discussion and exploration of concerns which frequently affect parents (i.e. anxiety surrounding entry in school, attitudes about school in general, etc.).

Therefore, project staff has: (1) recruited participants at kindergarten round-up, sought referrals from CUHCC, contacted local pre-schools and day care centers, and requested referrals from school staff. We are still engaged in this recruitment process; (2) videotaped a portion of a kindergarten class to use for discussion purposes; and (3) completed program outline and determined the program leaders.

3. Assessment of social work records - As was previously stated, the student intern has completed a study of social work records and is currently assessing the results of that study.

Per the project proposal, the identification and listing of mental health resources has been recently completed by social workers and others from the West Cluster schools. As these resources are limited, project funds were used for printing the book early this spring.

The Mental Health Resource Booklet lists over 50 mental health facilities available to children and adults living in the West Cluster school communities.

The evaluator believes that the staff's proposal selection procedure was most effective in determining programs to meet the mental health needs of the target schools. The program planned for parents of children new to the Minneapolis Public Schools appears sound and will aid project in beginning the important liaison between parent and school and project personnel. After reviewing the mental health resource booklet, it is the evaluator's opinion that it is a very worthwhile reference manual and can be used for the most part by any mental health worker in the State of Minnesota.

NOTE: The student intern, who coordinated the Community Education and Mental Health activities, was assigned to the project on a half-time basis (approximately 20 hours a week).

Evaluation Findings

The evaluation findings for Objective III are presented below by component.

HEALTH EDUCATION

- The planning and procedures engaged in by staff to determine a strategy or framework for the development of the curriculum units considered all aspects of teacher's, community and student's suggestions and needs.
- The pre-piloting of the units gave staff the opportunity to gain necessary feedback on formating and solidifying a single, best approach for full development of the units: Piloting this summer will further bring forth any major difficulties.
- Planning for staff in-service appears adequate at this time. Necessary details need to be worked on at the workshop approaches.
- The planning activities and implementation, as well as all other activities for this component have been conducted according to needs identified by staff and have been satisfactorily completed as planned.

HEALTH SERVICES

- The evaluator's opinion is that an adequate Health Services Program has been developed.
- The screening program appears to have clarified the screening criteria such that Health suspects will be determined on a more uniform basis.
- The data and communication system, when implemented, should improve the relationships among parents, teachers, community agencies, and the school health staff.
- The health in-service program is intended to primarily promote more health suspect referrals from teachers to complement the mass screening program.
- The follow-up reporting should be continued and it is recommended that the number of report initiations by month be added to the number of completions by month.

FOODS AND NUTRITION

- The Nutrition Education curriculum unit was developed following the same procedure as the Health Education units. The learning activities to be piloted this summer will assist in any revisions prior to implementation this fall.

III. (Continued)

FOODS AND NUTRITION (Continued)

- Similar in-service activities for target school staff should be possibly offered again next fall.
- Planning done for involvement of food service staff with the project is excellent. Efforts to make the team-building workshops a reality in the fall should continue. The concept is one that could lead to less fragmentation of the project for school staff.
- Community Education activities should continue. Integration of these activities into the various components will lead to greater cooperation in obtaining project activities.
- Activities for the component have been planned and in some cases implemented according to needs identified by the project. All activities and implementation have been satisfactorily completed as scheduled.

COMMUNITY EDUCATION

- If the results of the Obesity Group are favorable, this model for a Nutrition/Community Education activity should be disseminated with other target schools.
- Contact with community groups and agencies should be continued in order to explore ways of working with the community and making them more aware of the project's activities.
- Additional newsletters should be compiled and disseminated into the community to the greatest extent possible.
- Planning and implementation was not based on a formal needs assessment. However, those community education tasks undertaken were satisfactorily accomplished as planned.

MENTAL HEALTH

- The idea to gather needs assessment information from community resources was sound. Staff's plan to involve the target schools in determining their own needs was a method which lead to the development of programs by the target school staff to meet those needs.
- The Mental Health Facilities Handbook can be used throughout the city and state and the decision to print and distribute the handbook will have a positive effect on the project.
- The Parent Orientation summer program appears to have implication for the start of a good relationship for parent, school and project staff.

III. (Continued)

MENTAL HEALTH (Continued)

- The planning implementation activities for this component are based on the needs of the schools and community and these activities have been satisfactorily completed as planned.

IV. IMPLEMENT THE HEALTH PROGRAM DEVELOPED TO MEET THE IDENTIFIED NEEDS

Most of the project's implementation activities are scheduled to begin in Summer School or next fall. However, activities that have begun are discussed in detail by component under Objective III.

A list of implementation activities by component, completed this year, are as follows:

(A) HEALTH EDUCATION

- Pre-pilot curriculum units:
  - Nutrition
  - Personal Health
  - First Aid

(B) HEALTH SERVICES

- System of data collection and communication
- Follow-up currently identified health problems

(C) FOODS AND NUTRITION

- Pre-pilot curriculum unit:
  - Nutrition
- Food service staff meetings
- Obesity Project

(D) COMMUNITY EDUCATION

- Safety unit
- Newsletter
- Exercise/Diet Group

(E) MENTAL HEALTH

- Four school proposals
- Study of Social Work Records

Evaluation Findings

All the above activities have been satisfactorily implemented. However, it is important that staff continue to integrate and coordinate their activities in order to bring greater cohesion among the components in order to unify the overall health program.

CONCLUSIONS AND RECOMMENDATIONS

The evaluation conducted by Guardian Resource Development, Inc. indicates the following conclusions.

(A) Project organization and plan establishment - The success of the project's identification of target school children's health needs and the development and implementation of a health program to meet those needs is primarily due to the intensive planning and establishment of a prioritized set of objectives and activities to accomplish the objectives. Decisions to make adjustments in the project's Implementation Plan were made according to sound management practices. Total staffing of the project is not completed. This could complicate the implementation of several activities. The organization of the project into Health Education, Health Services, and Foods and Nutrition components proved beneficial for staff operations. Mental Health and Community Education activities were also done separately. Circumstances surrounding the role of the community activities coordinator and the amount of time for involvement made it somewhat difficult to accomplish the activities.

It is recommended that for year two, project staff again engage in an intensive planning activity to establish a prioritized set of objectives to implement the health program. This planning or team building activity should be carried out during the summer so that when school begins in the fall staff can concentrate on program implementation. Project staff must begin looking at ways to integrate component activities. It is strongly recommended that project staff integrate the Community Education aspects of the project into the components and not make it a separate component.

(B) Health needs identification - Assessment of teachers, students and community resulted in a variety of needs to be considered before establishing priorities for program development. The amount of time and effort spent by project staff on accomplishment of this objective was worthwhile for two reasons: (1) it was rated as the most important objective to be accomplished

this year, and (2) it was felt that adequate knowledge of what is really needed was necessary before staff could develop an effective health program (the reason it was considered most important).

The evaluator would recommend that during the planning session for year two, project staff review the identified needs in light of any additional information that is available since the completion of the assessment activities.

(C) Health Program development based on established priorities - The prioritization and planning procedures engaged in by staff to determine a strategy or framework for the development of component health programs considered all teacher, community and student suggestions and needs. Once priorities were established, program activities by component were developed. These included a variety of activities some of which were successfully completed during this year.

It is the recommendation of the evaluator that as the project begins its second year, it is important to begin a greater integration and coordination of component activities. It was originally indicated that Community Education activities should be carried out within each component. However, it must be kept in mind that where feasible project activities should be coordinated to present the most effective health program possible.

(D) Implementation of the Health Program - Most of the project implementation activities are scheduled to begin in summer school or next fall. Several activities were completed and results indicate successful implementation. Other activities have begun, but data is not yet available on their outcomes.

The evaluator and staff have developed an evaluation design and several forms to gather data for determining effectiveness of the Health Program to be implemented. The evaluator recommends that this design and forms be employed in order that data can continue to be collected and analyzed to determine project success.

The intent of this Minneapolis project was to design and implement a program which would improve and/or maintain the social, mental and physical health of the children in the identified schools. Project staff indicated early in the project that the program and the process of its development be usable and adaptable by others. It was also important that the program bring parents, community and schools together as partners to improve children's health. Lastly, staff desired that students would acquire the knowledge, skills and attitudes necessary to assume primary responsibility for life-long health practices.

Guardian believes that this project has, in its first year of operation, made successful and satisfactory progress toward meeting those ends.

APPENDIX A

Health Services Forms

Screening Forms

- Project Schools
- Location Map
- Parent Form
- Hearing Follow-up Screening
- Follow-up Testing Information
- Ear Follow-up Form
- Vision Follow-up Form
- Blood Pressure Charts
- Blood Pressure Follow-up Form
- Posture and Scoliosis Screening Form
- Scoliosis Follow-up Form

Follow-Up Report - Sample

Summer In-Service

- Schedule
- Evaluation Form
- Referral and Screening Form Teacher
- Referral Categories

SCHOOL HEALTH DEMONSTRATION PROJECT SCHOOLS

Bethune	919 Emerson Avenue North -- 55411	
Webster	425 - 5th Street N.E. -- 55413	
Harrison	1500 - 4th Avenue North -- 55415	
Greeley	2602 - 12th Avenue South ---55407 --	New Hans Christian Anderson School Tentative completion Date - February, 1976
Irving	2736 - 17th Avenue South ---55407 --	
Madison	1509 - -5th Avenue South ---55404 --	
St. Stephen's	2123 Clinton Avenue South ---55404	
Holy Rosary	2424 - 18th Avenue South ---55404	

The total number of students in the schools is approximately 3000.

The staff of the project includes:

Project Director: William Campbell, MPH

Health Service Component:

- Pediatric Nurse Associate (1)
- Registered Nurse (Half-time)
- Community Health Aorkers (3)

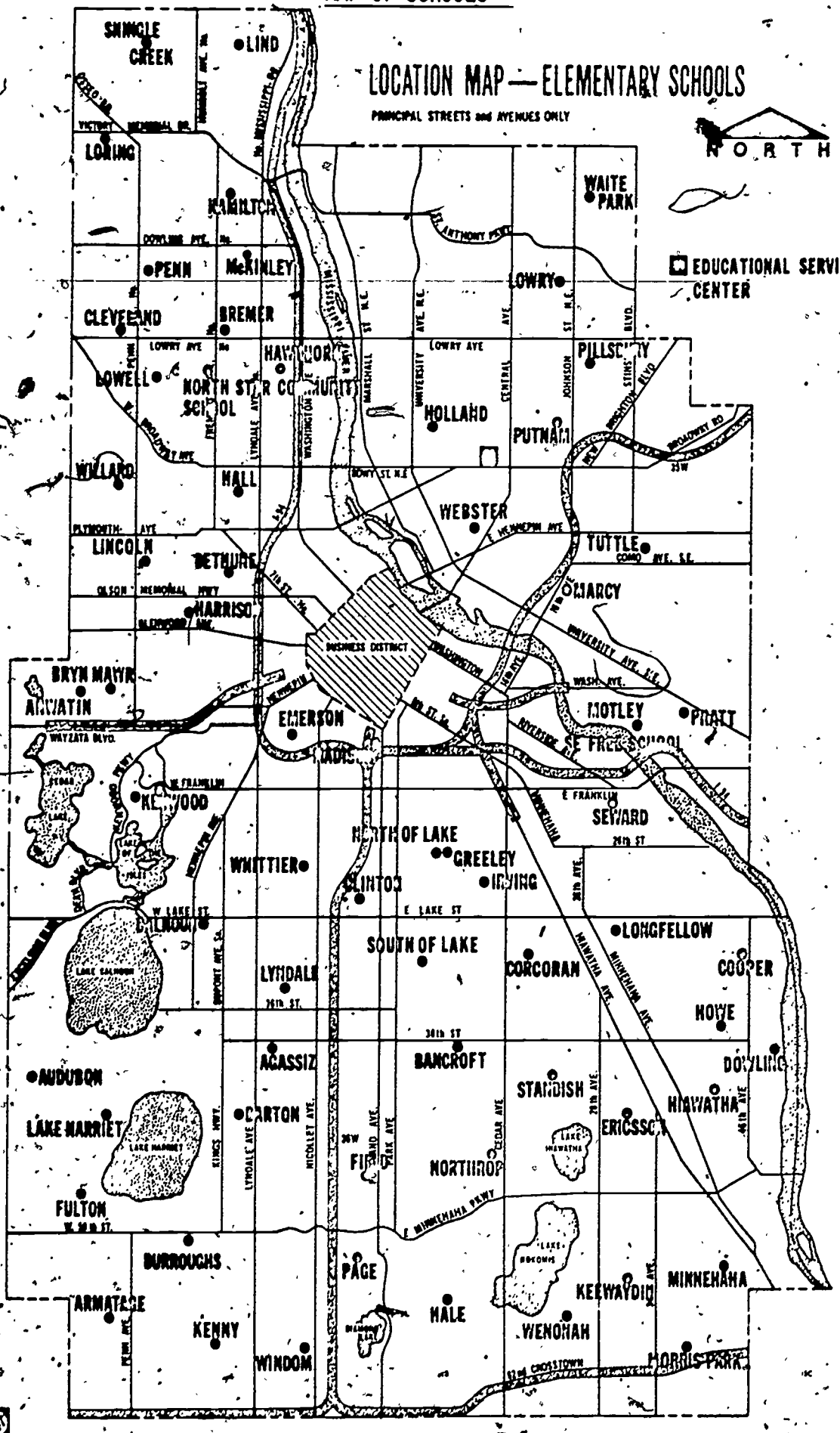
Foods and Nutrition:

- Nutritionist (1)

Health Education:

- Health Education Teachers (3)
- Instructional Aide (1)

MAP OF SCHOOLS



NOVEMBER 1974

MINNEAPOLIS PUBLIC SCHOOLS
Special Education - Health Services

Dear _____,

As part of our health services program, _____ received a hearing screening test on _____. The screening test indicated that he/she may have a hearing problem.

We believe that it is important for your child to have a brief follow-up hearing test in an audiology clinic to find out whether there is a hearing problem that may interfere with school work or other activities. To be most effective, this hearing follow-up test should occur within the next week.

The hearing follow-up test will permit us to advise school staff if a hearing problem is found, and to advise you about the possible need for medical evaluation and further audiologic evaluation.

It is important for you to know that a child can have a real hearing problem in one or both ears without his parents being aware of it.

We recommend that you take your child for a Hearing Screening Follow-up Examination. The Department of Health Services of the Minneapolis Public Schools is conducting hearing screening follow-up testing at Lyndale Elementary School. There is no charge to you for this follow-up examination.

Attached are the procedures to follow to use the services offered at the Lyndale School.

If you have any questions about our recommendations, please feel free to call me.

Sincerely yours,

_____
Nurse/Health Service Clerk

_____
School

_____
Telephone

_____
Date

5/74

Hearing Screening Follow-up Form

The Department of Health Services, Minneapolis Public Schools, would appreciate your cooperation in completing this form and returning it to the child's parent (s) following your examination. We would appreciate threshold information at 3000 Hz and screening

Student's Name: _____ Sex: ____ Birthdate: _____

Parent or Guardian: _____ Phone: _____

Home Address: _____

School: _____ Address: _____

Date: _____ Audiologist: _____

Agency: _____

Pure-tone Thresholds

	Left Ear						Right Ear					
	250	500	1000	2000	3000	4000	250	500	1000	2000	3000	4000
Air-Conduction (ANSI 1969)												
Bone-Conduction												

	Left	Right
Speech Thresholds	____	____

Specify stimuli and task: _____

_____

Other Audiometric Measures: _____

_____

_____

_____

(over)

The following recommendations are for the school staff:

- ☐ Hearing is adequate for classroom participation on this date.
- ☐ Evaluation by school speech clinician
- ☐ Preferential seating (specify): _____
- ☐ Other: _____

The following recommendations were made to the parent(s) or guardian:

- ☐ Diagnostic audiologic evaluation
- ☐ Immediate referral for ENT examination
- ☐ Audiologic evaluation following ENT examination
- ☐ Other: _____

Impressions and Comments: _____

_____
Audiologist

MINNEAPOLIS PUBLIC SCHOOLS
Special Education — Health Services

PROCEDURES FOR UTILIZING LYNDALE ELEMENTARY SCHOOL FOR HEARING SCREENING FOLLOW-UP TESTING

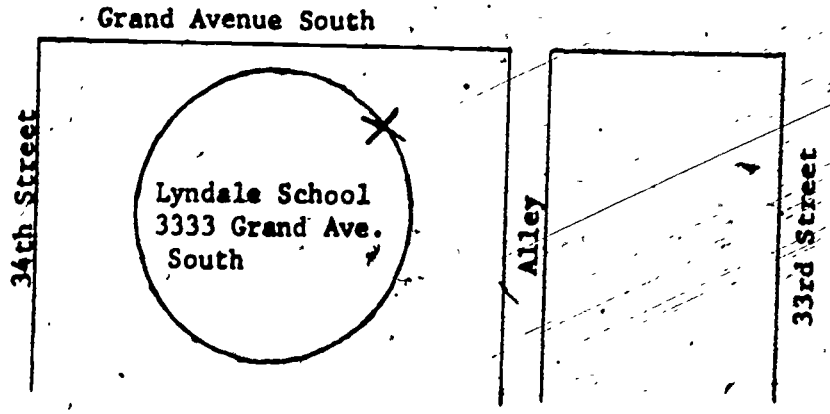
1. Call Mrs. Gladys Smith at 827-5471 to schedule your appointment. Tell her you are calling to schedule an appointment for your child for a Hearing Screening Follow-up Examination.

2. Please make a written note of the date and time of your appointment. On the day of your appointment, bring with you the Hearing Screening Follow-up Form that you received by mail from the School Nurse.

3. The address of the Lyndale Elementary School is: 3333 Grand Avenue South, Minneapolis, Minnesota.

   When you arrive at the Lyndale School, report directly to the Hearing Impaired Program Office, Room 102.

4. To avoid interrupting regular school routine, please enter Lyndale School through the door marked "X" on the following diagram:



5. Please arrive promptly for your appointment.

   Thank you for your cooperation.

11/73

Name _____
Birthdate _____
Parent Name _____

Minneapolis Public Schools
Health Service

-G-

To the Parents:
A recent test for ear problems made of _____ indicates the need for a complete ear examination. Will you kindly take him/her to the Family Physician or Ear Specialist as soon as possible and see that the enclosed questionaire is completed and returned to the School Nurse.

EAR EXAMINATION

AUDITORY CANAL

R L
☐ ☐ NO FINDINGS
☐ ☐ FINDINGS →

OCCLUDED

R L
_ _ PARTIALLY
_ _ COMPLETELY

OCCLUDED BY

R L
_ _ CERUMEN
_ _ FOREIGN BODY

R L
_ _ INFLAMATION
_ _ OTHER DESCRIBE _____

DRUM:

R L
☐ ☐ NO FINDINGS
☐ ☐ FINDINGS →
☐ ☐ NOT VISIBLE

R L
_ _ DULL
_ _ BULGING
_ _ RETRACTED
_ _ PERFORATED

R L
_ _ SCARS
_ _ OPAQUE
_ _ RED
_ _ OTHER _____

NOSE AND THROAT EXAMINATION

TONSILS.
☐ REMOVED COMPLETELY
☐ TONSILS PRESENT (NORMAL)
☐ TONSILS PRESENT (ENLARGED)

ORAL PHARYNX:
☐ NO FINDLINGS
☐ CLEFT PALATE
☐ REPAIRED ☐ UNREPAIRED

☐ HEAVY POSTNASAL DISCHARGE
☐ MOUTH BREATHING
☐ OTHER _____

DIAGNOSIS

☐ CANAL OBSTRUCTIONS
☐ ACUTE OTITIS MEDIA
☐ CHRONIC OTITIS MEDIA
☐ DRUM PERFORATION
☐ ALLERGIES
☐ OTHER (DESCRIBE) _____

☐ CONDUCTIVE HEARING LOSS
☐ SENSORI-NEURAL HEARING LOSS
☐ CONFIRMED BY BONE CONDUCTION AUDIOMETRY
☐ CONFIRMED BY TUNING FORK
☐ MIXED HEARING LOSS
☐ OTHER (DESCRIBE) _____

COMMENTS:

TREATMENT

I SUGGEST A REPEAT AUDIOGRAM IN _____ WEEKS.

RELEASE OF INFORMATION:

CONSENT OF PARENT OR GUARDIAN

I AGREE TO RELEASE THE ABOVE INFORMATION ON MY CHILD OR WARD TO APPROPRIATE HEALTH AND/OR SCHOOL AUTHORITIES.

_____
PARENT OR GUARDIAN SIGNATURE

DATE OF EXAMINATION: _____
MONTH DAY YEAR

PLEASE PRINT OR STAMP PHYSICIAN'S NAME:

ADDRESS: _____

CITY: _____

NAME _____

BIRTHDATE _____

PARENT NAME _____

MINNEAPOLIS PUBLIC SCHOOLS
HEALTH SERVICE

-H-

To the Parents:

A recent limited visual survey made of _____ indicates the need for a complete eye examination. Will you kindly take him/her to the eye specialist or eye clinic as soon as possible and see that the enclosed questionnaire is completed and returned to the School Nurse.

Tested with Glasses _____ Vision Technician

TO BE COMPLETED FOLLOWING SCREENING

TEST GIVEN:
1. __Massachusetts Battery:Titmus
   a. __Entire Battery
   b. __Visual acuity only
   c. __Visual acuity & plus sphere
2. __Snellen Chart
3. __Other: _____

PROBLEM NOTED:
1. __Visual Acuity R ____ L ____
2. __Plus Sphere
3. __Muscle Balance R ____ L ____

SYMPTOMS NOTED:
1. __Academic Achievements
2. __Observable Signs: _____

TO BE COMPLETED BY EXAMINING DOCTOR

DISTANCE — NEAR VISION

Uncorrected Visual Acuity		Best Corrected Visual Acuity		If Distance Vision Less Than 20/50 Best Corrected Near Vision	
Right	Left	Right	Left	Right	Left
				___point type at ___in. or ___Jaeger at ___in.	___point type at ___in. or ___Jaeger at ___in.

Please check if appropriate:
__Treatment recommended
__Medical
__Glasses
__Contact Lenses
__Other: _____
__Corrective lens prescribed
__Constant Wear
__Near Vision only
__Far Vision only
__May be removed for Phy. Ed.
__Preferential seating needed
__Front third of classroom
__Front Seat

__Low Vision Aid prescribed
_____ type
__Amblyopia exists
__Muscle imbalance exists
__Close work may be difficult
__Fatigue may result from prolonged close work
__Close work not affected
__Re-examination advised
__at once
__six months
__twelve months
__other: _____

CONSENT OF PARENT OR GUARDIAN:
I agree to release the above information on my child or ward to appropriate school.

_____
Parent or Guardian's Signature

Present Date: _____
Date of latest exam.: _____
Please print or stamp Doctor's name: _____
Address: _____

Table 1 Systolic blood pressure of children by race, sex, and age at last birthday. Selected percentiles, standard error of the median, sample sizes, and mean, United States, 1963-65

Race, sex, and age	Percentile							s_{50th}	n	N	$\bar{X}$
	5th	10th	25th	50th	75th	90th	95th				
	mm. Hg										
All races											
Both sexes, 6-11 years	96.6	99.3	103.9	109.4	115.2	121.2	125.4	0.30	7,119	23,784	109.9
6 years	92.8	95.3	100.1	105.5	111.1	115.9	119.7	.54	1,111	4,098	105.9
7 years	95.6	98.4	102.3	107.3	112.2	118.5	121.5	.43	1,241	4,084	108.0
8 years	97.0	99.5	104.0	109.1	114.2	119.8	124.0	.31	1,231	3,986	109.5
9 years	98.6	100.9	105.3	110.2	116.1	121.1	125.3	.46	1,184	3,957	110.9
10 years	99.1	101.8	105.6	111.1	117.7	122.8	126.3	.23	1,160	3,867	111.9
11 years	100.6	102.6	107.2	113.0	119.4	125.6	130.1	.44	1,192	3,792	113.7
Boys, 6-11 years	96.5	99.3	103.8	108.9	114.4	120.1	123.8	0.32	3,632	12,081	109.4
6 years	92.4	95.6	100.3	105.7	111.0	115.6	119.8	.84	575	2,082	106.0
7 years	95.7	98.2	102.3	107.1	111.9	118.0	121.2	.52	632	2,074	107.8
8 years	97.4	99.9	104.2	109.1	114.0	119.0	122.8	.34	618	2,026	109.4
9 years	98.9	100.9	104.9	109.3	115.2	120.8	124.6	.49	603	2,012	110.3
10 years	98.6	101.0	105.0	110.2	116.3	121.2	124.3	.29	576	1,963	110.8
11 years	99.5	102.1	106.7	112.0	117.3	122.6	126.9	.50	628	1,924	112.4
Girls, 6-11 years	96.6	99.3	104.1	109.9	116.1	122.3	126.8	0.31	3,487	11,703	110.5
6 years	93.3	95.1	99.9	105.2	111.1	116.3	119.4	.52	536	2,016	105.8
7 years	95.4	98.6	102.5	107.7	112.8	119.0	121.9	.53	609	2,010	108.2
8 years	96.7	98.8	103.6	109.2	114.3	120.4	125.5	.40	613	1,960	109.6
9 years	98.1	100.9	105.9	110.9	116.8	122.0	126.9	.55	581	1,945	111.5
10 years	100.2	102.8	107.1	111.9	118.8	124.3	128.3	.41	584	1,904	113.1
11 years	101.1	103.0	108.3	114.6	121.4	128.1	131.8	.62	564	1,868	115.1
White											
Both sexes, 6-11 years	96.6	99.3	103.9	109.4	115.4	121.3	125.6	0.30	6,100	20,403	109.9
6 years	92.4	95.2	99.9	105.1	110.9	115.3	119.1	.47	950	3,509	105.6
7 years	95.6	98.6	102.3	107.3	112.3	118.7	121.8	.38	1,063	3,497	108.0
8 years	97.0	99.6	104.0	109.1	114.2	119.9	124.1	.31	1,035	3,413	109.6
9 years	98.8	100.9	105.3	110.6	116.3	121.3	125.6	.53	1,019	3,393	111.0
10 years	99.2	101.8	105.9	111.2	117.8	123.0	126.4	.30	1,014	3,324	112.1
11 years	100.7	102.6	107.4	113.1	119.4	125.7	130.2	.49	1,019	3,267	113.8
Boys, 6-11 years	96.6	99.2	103.8	108.9	114.6	120.2	123.9	0.30	3,153	10,391	109.4
6 years	92.2	95.3	99.9	105.2	110.8	115.1	118.3	.65	489	1,787	105.5
7 years	95.4	98.3	102.3	107.2	112.0	118.1	121.4	.46	551	1,781	107.8
8 years	97.1	100.0	104.3	109.0	114.0	119.3	123.0	.36	537	1,739	109.5
9 years	99.1	100.9	104.8	109.6	115.6	120.8	124.1	.65	525	1,730	110.4
10 years	98.7	100.9	105.0	110.5	116.3	121.6	124.7	.38	509	1,692	110.9
11 years	99.9	100.2	106.9	112.1	117.6	122.9	127.0	.52	542	1,662	112.6

NOTE: s_{50th} = standard error of the median, n = sample size, N = estimated number of children in population in thousands, $\bar{X}$ = mean.

Table 1. Systolic blood pressure of children by race, sex, and age at last birthday. Selected percentiles, standard error of the median, sample sizes, and mean, United States, 1963-65—Con.

Race, sex, and age	Percentile							s_{50th}	n	N	$\bar{X}$
	5th	10th	25th	50th	75th	90th	95th				
	mm Hg										
White—Con.											
Girls, 6-11 years	96.6	99.4	104.1	109.9	116.2	122.5	127 0	0.37	2,947	10,012	110.6
6 years	92.9	95.1	100.0	105.1	111.0	116.3	119.2	.48	461	1,722	105.7
7 years	95.8	98.7	102.5	107.6	112 9	119 0	122.1	.53	512	1,716	108.2
8 years	96 6	99.1	103.6	109.3	114.5	120 3	125.3	.53	498	1,674	109.7
9 years	98.2	101 0	106 0	111.1	116.9	122 8	127.6	.65	494	1,663	111.7
10 years	100 4	102.9	107.2	112.2	119 0	124.6	128 7	.54	505	1,632	113.3
11 years	101.1	103.0	108.5	114.6	121.6	128 3	131.8	.63	477	1,605	115.2
Negro											
Both sexes, 6-11 years	96.3	98.9	104.1	109.3	114.4	120.8	124.6	0.78	987	3,272	109.8
6 years	93.9	96.0	102.4	108.7	112.0	118.8	122.7	1.59	156	570	107.8
7 years	95 3	98.0	102.6	107.7	111.8	117.7	120.8	1.46	172	570	107.8
8 years	95 7	98.9	103.4	109.1	113 9	119 1	124.0	1.08	192	560	109.2
9 years	97.5	100.8	105.6	109.1	114 1	120 3	124.2	.92	158	534	110.1
10 years	97.1	101.6	105.3	110.1	116 7	121 3	124.4	.93	142	530	110.9
11 years	99 3	102.0	106.7	112 8	119.7	125.2	130.0	.98	167	507	113.3
Boys, 6-11 years	96 3	99.6	104.0	109.0	113.9	119 8	123 0	1.02	464	1,642	109.5
6 years	93.7	96.8	103.1	109 0	112.2	119.1	123.3	1.36	84	289	108.8
7 years	96 6	98.1	102 6	106.7	111.3	116.8	119.3	1.75	79	286	107.4
8 years	98 9	99.8	103 6	109.7	113.9	116.9	121.2	1.18	79	279	109.2
9 years	97.0	101.2	105 3	108.2	112.4	120.9	126 0	1.10	74	269	109.9
10 years	96.2	101.8	104 6	109.6	116 6	120.7	121.3	1.11	65	264	110.1
11 years	96.3	100.2	105.3	111.1	116 3	121.8	125.7	1.59	83	255	111.5
Girls, 6-11 years	96.3	98.3	104.4	109.7	115.2	121.7	125.7	0.71	523	1,629	110.1
6 years	93.9	95.3	100.0	107.6	111.4	116 9	121.9	2.08	72	281	106.7
7 years	94.6	97.7	102 7	108 6	112.7	118.7	121.2	1.34	93	284	108.2
8 years	96.0	97.0	103.2	108.8	113.9	121.6	126 1	1.24	113	281	109.1
9 years	97.8	99.3	105.7	110 0	115.6	120.2	122.1	.82	84	265	110.4
10 years	98.2	101.5	106.6	111.2	116.9	123.6	127.7	1.03	77	266	111.6
11 years	101.0	104.8	108.0	114.6	121.2	127.6	131.9	1.67	84	253	115.1

NOTE: s_{50th} = standard error of the median, n = sample size, N = estimated number of children in population in thousands, $\bar{X}$ = mean.

Table 2. Diastolic blood pressure of children by race, sex, and age at last birthday: Selected percentiles, standard error of the median, sample sizes, and mean, United States, 1963-65

Race, sex, and age	Percentile							s_{50th}	n	N	$\bar{X}$
	5th	10th	25th	50th	75th	90th	95th				
	mm Hg										
All races											
Both sexes, 6-11 years	53.0	56.4	61.3	67.2	71.9	75.9	78.6	0.70	7,119	23,784	66.6
6 years	51.1	54.5	60.4	66.1	70.9	75.1	78.1	.81	1,111	4,098	65.5
7 years	52.9	56.1	60.9	66.6	70.9	75.1	77.3	.65	1,241	4,084	66.0
8 years	53.3	56.4	61.1	67.3	72.1	76.2	78.9	.92	1,231	3,986	66.8
9 years	53.7	56.9	62.2	68.0	72.3	76.3	78.7	.70	1,184	3,957	67.2
10 years	54.6	57.6	62.7	68.4	72.7	76.7	79.2	.72	1,160	3,867	67.6
11 years	52.8	56.6	61.2	67.2	72.2	76.2	78.4	.76	1,192	3,792	66.8
Boys, 6-11 years	52.9	56.6	61.1	67.0	71.4	75.6	78.2	0.72	3,632	12,081	66.4
6 years	51.9	55.7	60.6	66.2	70.4	74.2	76.9	.90	575	2,082	65.5
7 years	52.3	55.7	61.0	66.3	70.4	74.6	77.1	.77	632	2,074	65.7
8 years	53.7	57.0	61.2	66.9	71.9	76.1	79.3	.77	618	2,026	66.7
9 years	53.0	56.5	61.6	67.3	71.6	76.0	78.6	.66	603	2,012	66.7
10 years	54.6	57.2	61.7	68.3	72.6	76.3	78.8	1.06	576	1,963	67.2
11 years	52.7	56.6	61.0	67.6	71.8	76.0	78.1	.89	628	1,924	66.7
Girls, 6-11 years	53.0	56.2	61.6	67.4	72.2	76.2	78.8	0.73	3,487	11,703	66.9
6 years	50.7	53.8	60.3	66.1	71.3	76.2	78.6	.85	536	2,016	65.5
7 years	53.6	56.3	60.8	66.7	71.1	75.6	77.7	.59	609	2,010	66.2
8 years	53.1	55.6	61.0	67.9	72.3	76.2	78.3	1.18	613	1,960	66.8
9 years	54.6	57.7	62.8	68.8	73.2	76.6	78.8	.79	581	1,945	67.7
10 years	54.6	58.2	63.8	68.5	72.9	77.3	79.7	.67	584	1,904	68.1
11 years	52.9	56.7	61.3	67.0	72.7	76.4	78.9	.73	564	1,868	66.9
White											
Both sexes, 6-11 years	52.8	56.2	61.1	67.1	71.7	75.8	78.3	0.76	6,100	20,403	66.4
6 years	50.9	53.9	60.0	65.8	70.4	74.7	77.7	.90	950	3,509	65.1
7 years	53.2	56.0	60.8	66.3	70.8	74.9	77.1	.74	1,063	3,497	65.9
8 years	53.1	56.4	61.2	67.3	72.0	76.0	78.3	.95	1,035	3,413	66.7
9 years	53.2	56.7	62.1	67.9	72.3	76.3	78.7	.75	1,019	3,393	67.1
10 years	54.8	57.7	62.7	68.2	72.4	76.3	79.2	.70	1,014	3,324	67.5
11 years	52.7	56.3	61.1	67.0	71.9	75.9	78.2	.80	1,019	3,267	66.6
Boys, 6-11 years	52.7	56.2	60.8	66.9	71.1	75.2	78.0	0.79	3,153	10,391	66.2
6 years	51.3	54.6	60.0	65.7	69.9	73.9	75.9	.91	489	1,787	65.0
7 years	52.7	55.5	60.8	66.1	70.3	74.3	76.8	.91	551	1,781	65.6
8 years	53.0	57.1	61.1	66.9	71.7	75.9	78.7	.95	537	1,739	66.6
9 years	52.2	56.1	61.0	67.2	71.6	75.8	78.2	.81	525	1,730	66.5
10 years	54.6	57.2	61.3	67.9	71.9	75.8	78.8	1.13	509	1,692	66.8
11 years	52.8	56.4	61.1	67.3	71.4	75.7	78.2	.99	542	1,662	66.6

NOTE: s_{50th} = standard error of the median, n = sample size, N = estimated number of children in population in thousands, $\bar{X}$ = mean.

Table 2. Diastolic blood pressure of children by race, sex, and age at last birthday. Selected percentiles, standard error of the median, sample sizes, and mean, United States, 1963-65—Con.

Race, sex, and age	Percentile							s_{50th}	n	N	$\bar{X}$
	5th	10th	25th	50th	75th	90th	95th				
	mm. Hg										
White—Con.											
Girls, 6-11 years	52.9	56.1	61.6	67.3	72.1	76.1	78.8	0.72	2,947	10,012	66.8
6 years	50.5	53.0	60.0	65.9	71.2	76.2	78.6	1.09	461	1,722	65.3
7 years	53.7	56.4	60.8	66.7	71.1	75.5	77.9	.64	512	1,716	66.2
8 years	53.2	55.9	61.3	67.9	72.4	76.1	78.1	1.17	498	1,674	66.9
9 years	53.9	57.4	62.9	68.7	73.2	76.7	79.0	.80	494	1,663	67.7
10 years	55.2	58.7	64.0	68.4	72.9	77.3	79.7	.56	505	1,632	68.3
11 years	52.3	56.3	61.1	66.6	72.3	76.1	78.4	.79	477	1,605	66.5
Negro											
Both sexes, 6-11 years	54.6	57.2	62.8	68.4	73.2	77.1	79.4	0.87	987	3,272	67.8
6 years	55.8	58.8	63.6	67.9	72.2	77.3	79.3	1.18	156	570	68.1
7 years	51.7	57.0	62.3	67.1	71.5	75.8	78.2	.65	172	570	66.7
8 years	54.5	56.2	60.3	67.4	73.4	77.7	81.3	1.45	192	560	67.2
9 years	56.7	58.9	63.8	68.6	73.0	76.6	78.9	.88	158	534	68.1
10 years	53.7	56.2	62.7	69.3	74.6	77.7	79.7	1.69	142	530	68.3
11 years	53.2	57.7	63.1	68.9	74.3	77.8	79.3	.86	167	507	68.3
Boys, 6-11 years	55.1	57.4	63.3	68.3	73.3	77.5	80.2	0.77	464	1,642	68.1
6 years	57.5	59.9	64.3	68.6	73.2	78.1	80.0	.99	84	289	69.0
7 years	50.2	57.8	62.9	67.1	71.1	75.8	80.6	.86	79	286	66.8
8 years	56.0	56.9	62.8	67.0	73.2	78.6	82.3	1.61	79	279	67.8
9 years	56.2	59.2	63.9	67.9	71.9	77.0	81.0	.74	74	269	67.9
10 years	54.4	57.1	64.6	70.3	75.3	77.8	79.7	2.12	65	264	69.4
11 years	51.7	56.8	60.2	68.7	74.0	77.0	78.1	1.38	83	255	67.7
Girls, 6-11 years	54.0	56.9	61.5	68.5	73.0	76.9	79.0	1.07	523	1,629	67.4
6 years	55.8	58.0	62.0	67.1	71.6	76.7	78.8	1.33	72	281	67.2
7 years	52.8	56.1	60.9	67.1	72.0	75.8	77.1	1.14	93	284	66.5
8 years	51.0	54.8	59.2	68.3	73.6	77.7	80.7	2.82	113	281	66.6
9 years	57.0	58.8	62.3	69.8	73.7	76.6	77.2	.70	84	265	68.3
10 years	53.1	54.8	60.6	68.6	72.6	77.3	79.7	1.73	77	266	67.1
11 years	56.3	59.0	64.3	69.3	74.7	78.7	80.0	.93	84	253	69.0

NOTE: s_{50th} = standard error of the median, n = sample size, N = estimated number of children in population in thousands, $\bar{X}$ = mean.

-M-

MINNEAPOLIS PUBLIC SCHOOLS
Special Education - Health Services

Blood Pressure
Screening regarding _____
Name

Dear Parent:

As a part of school health screening, your child's blood pressure was taken. It was found to be higher than normal for his/her age.

Although the results do not definitely mean that there is a problem, or that treatment is needed. It is urged that you take your child for an examination. This examination is suggested based upon your child's blood pressure listed below:

Date	Blood pressure
_____	_____
_____	_____
_____	_____ 2 months later.

Please take this entire form with you when your child is examined, ask the physician to complete the bottom half and see that the enclosed questionaire is returned to the School Nurse.

Dear Doctor,

The above blood pressure readings were done by the same Nurse on three seperate occasions. Appropriate technique, including correct cuff size were used. The normal blood pressure for various ages was obtained from "Blood Pressures of Children from 6-11 Years" an HEW Series 11-135, which is enclosed. The criteria for referral was two standard deviations or greater. As you can see, your patient meets these criteria. For our school health record would you please complete the following:

Evaluation summary:

Comments:

I feel this referral was: ( )valid ( )invalid

Release of information:
Consent of Parent or Guardian
I agree to release the above information on my child or ward to appropriate Health and/or School Authorities.

_____
Parent or Guardian signature.

Date of Examination: _____
Please print or stamp physician's name.

_____
Address: _____
City _____

General Posture and Scoliosis Screening

INSTRUCTIONS. Each series of figures below represents a condition significant to general posture or scoliosis screening. Select the one figure in each series which most closely matches the condition of the student being screened. Then circle the number which represents the student's grade in school.

A

5 6 7 8 9 10
Upper Back Normally Rounded Neck Erect, Chin In, Head In Balance

5 6 7 8 9 10
Upper Back Slightly More Rounded Neck Slightly Forward, Chin Slightly Out

5 6 7 8 9 10
Upper Back Markedly Rounded Neck Markedly Forward, Chin Markedly Out

B

5 6 7 8 9 10
Abdomen Flat

5 6 7 8 9 10
Abdomen Protruding

5 6 7 8 9 10
Abdomen Protruding And Sagging

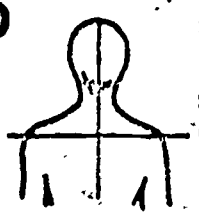
C

5 6 7 8 9 10
Lower Back Normally Curved

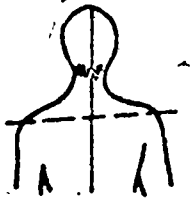
5 6 7 8 9 10
Lower Back Slightly Hollow

5 6 7 8 9 10
Lower Back Markedly Hollow

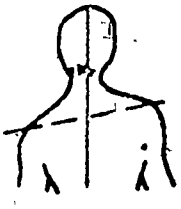
D



5 6 7 8 9 10
Shoulders Level (Horizontally)

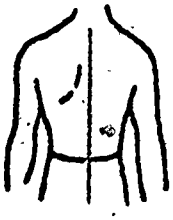


5 6 7 8 9 10
One Shoulder Slightly Higher Than Other

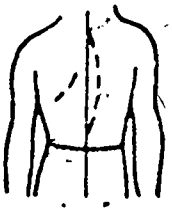


5 6 7 8 9 10
One Shoulder Markedly Higher Than Other

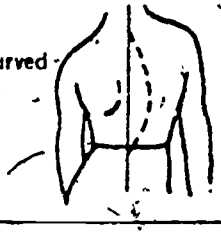
E



5 6 7 8 9 10
Spine Straight

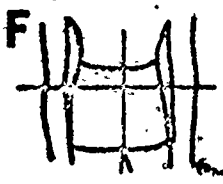


5 6 7 8 9 10
Spine Slightly Curved Laterally

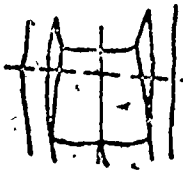


5 6 7 8 9 10
Spine Markedly Curved Laterally

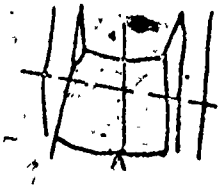
F



5 6 7 8 9 10
Hips Level (Horizontally)



5 6 7 8 9 10
One Hip Slightly Higher



5 6 7 8 9 10
One Hip Markedly Higher

G

5
6
7
8
9
10

5
6
7
8
9
10

NAME _____

SCHOOL _____

BIRTHDATE _____

No. 01736

FOLLOW UP REPORT:

NURSE CODE NO. _____ SCHOOL CODE NO _____

INITIATION

1 PARENT	1 PRINCIPAL 2	1 TEACHER 3	1 STUDENT 4	1 PUPIL PERSONNEL 5
2 COMMUNITY AGENCIES 1	2 SCREENING 2	2 PARA PROFESSIONAL 3	2 OTHER 4	2 5
3 VISION 1	3 HEARING 2	3 FINANCIAL 3	3 SPEC ED DIAG EVAL 4	3 LEARNING DISABILITY 5
4 CAT SPEC. ED 1	4 COMMUNICAL DISEASE 2	4 DENTAL 3	4 LONG TERM DISABILITY 4	4 ACUTE HEALTH PROB 5
5 STAFF HEALTH 1	5 SPEECH 2	5 HEALTH EDUCATION 3	5 OTHER 4	5 5

DATE INITIATED 6/3/75 DATE COMPLETED 6/21/75 SPEC ED ☐ YES ☐ NO

STUDENT 2605 15th Avenue So. 724-8175
James Anderson - Room 102

REASON: Hearing failed at 1000 level left ear
500 level right ear

PLAN: 19 days

FINAL REPORT

DATE 6/21

6/5 contacted parent and suggested Lyndale school. Asked that I make appt. 6/6. Appointment made for 6/21. I am taking child 6/21. Went to Lyndale hearing normal. Passed all tests. Completed.

SAMPLE

NURSE'S COPY

MINNEAPOLIS PUBLIC SCHOOLS
Special Education - Health Services

Scoliosis
Back Screening - - Regarding _____
(Name)

Dear Parent:

As a part of the school health screening, , your child's school class was screened for spinal curvature on _____.

Although the results do not definitely mean that there is a problem, or that treatment is needed, it is urged that you take your child for an examination. This examination is suggested for the reason checked below:

( ) Thoracic rib hump
( ) Lack of levelness of shoulders
( ) Hips not level
( ) Apparent curvature
( ) Other _____

Please take this form with you when your child is examined and ask the physician to complete the bottom half. If you would like help getting a medical examination, please contact the school nurse _____
(Name)

Dear Doctor:

Please complete this form at your earliest convenience and return to:

_____ _____
(School) (Address)

I have examined _____ On _____
(Name) (Date)

I feel his/her back is normal _____ not normal _____

The standing x-ray showed _____

Specific recommendations _____

_____

I feel this referral was: ( ) valid ( ) invalid

Signed _____ M.D.

[illegible] PUBLIC SCHOOLS

June 19, 20, 23, 24, 25, 1975
1:30 - 3:30

[illegible]STER SCHOOL - FULASKI LEARNING CENTER

Goals: To increase teacher input into improving and/or maintaining the health of the child attending the target schools as a means of maximizing that child's learning potential.

Outcome: Increased teacher referral to support services.

Objectives	Activities	Resources
To encourage teacher's awareness of: Session 1 - June 19 normal physical growth and development of the elementary school child	lecture/discussion slides observing children for potential problems appropriate referral procedure Reading	Dr. Robert ten Bensel, M. D. Associate Professor Maternal-Child Health School of Public Health University of Minnesota
Session 2 - June 20 some signs of common physical health problems of the elementary school child	lecture/discussion slides observing children for potential problems Reading	Dr. Robert ten Bensel, M. D.
Session 3 - June 23 normal personality development of the elementary school child	lecture Reading	Dr. George Williams Associate Professor and Assistant Dean School of Medicine University of Minnesota
Session 4 - June 24 normal family development	lecture Reading	Steve Jorgensen Ph.D. candidate Family study center University of Minnesota
Session 5 - June 25 the manifestation of family and social crises as observed in the elementary school child	lecture Reading	Ken Klein Ph.D. Candidate Clinical Psychology University of Minnesota

MINNEAPOLIS PUBLIC SCHOOLS
Professional Growth

PROFESSIONAL GROWTH CLASS EVALUATION

Course Title_____

Leader_____ Date_____

1. How well were the objectives and goals of the lesson stated?

Poorly	Not very well	Reasonably well	Very well	Extremely well
☐	☐	☐	☐	☐

2. How do you rate the methods of presentation?

Poorly	Not very well	Reasonably well	Very well	Extremely well
☐	☐	☐	☐	☐

3. To what extent do you think the materials or approaches in the course are applicable to classroom use or the needs of the teachers?

Poorly	Not very well	Reasonably well	Very well	Extremely well
☐	☐	☐	☐	☐

4. To what extent did the instructor incorporate outside assignments with the presentation?

Poor	Below average	Average	Above average	Excellent
☐	☐	☐	☐	☐

5. How could the course be improved?

_____

_____

_____

_____

6. Suggestions for the instructor to consider.

_____

_____

_____

7. Any additional comments? (Use back of sheet)

Return to: Charles W. Templin
807 Northeast Broadway
Minneapolis, Minnesota

Teacher referral Form

Name _____

Room _____

Grade _____

REFERRAL AND HEALTH SCREENING

Please list those children in your class whom you wish to refer to the Health Team. Indicate the child's special needs by using the appropriate letter on the referral guide.

NAME	Frequent Complaints	Eyes	Ears	Nose & Throat	Skin & Scalp	Teeth & Mouth	Chest	Heart	Abdonin	Urinary Tract	Extremities	Neurological

Teacher referral categories

Final Draft

HEALTH OBSERVATION OF SCHOOL CHILDREN

The continual observation of the child in the school or during play periods constitutes an important phase of the over-all health appraisal program. The conditions which should be noted and referred to the Health Office include.

Frequent Complaints:

A. Stomach aches
B. Headaches
C. Earaches
D. Leg aches or cramps
E. Dizziness
F. Sore throats
G. Nausea or vomiting

General Appearance:

A. Does not seem "healthy"
B. Chronic fatigue or listless

Growth

A. Unexplained loss of weight
B. Unexplained rapid gain
C. Unusually small child
D. Underweight
E. Overweight
F. Unusually large child

Eyes:

A. Styes or crusted lids
B. Blood-shot, watery eyes
C. Crossed eyes
D. Squinting, frowning or scowling
E. Protruding eyes
F. Twitching of eyes
G. Holding head to one side
H. Holds book too close
I. Has glasses but will not wear them

Ears:

A. Discharge from ears
B. Earache
C. Doesn't follow directions
D. Frequent poking in the ears
E. Turning the head to hear
F. Talking in monotone
G. Irritation
H. Strains to hear
I. Talks unusually loud

Nose and Throat

A. Persistent Mouth breathing
B. Frequent sore throat
C. Recurrent colds
D. Chronic nasal discharge

6. (Cont.)
E. Frequent nose bleeding
F. Nasal speech
G. Constantly hoarse

7. Skin and Scalp

A. Multiple bruises
B. Bald spots
C. Very pale
D. Habitual scratching of scalp or skin
E. Eruptions, rashes or sores on skin
F. State of cleanliness
G. Bluish lips

8. Teeth and Mouth

A. State of cleanliness
B. Gross cavaties
C. Irregular teeth, bad bite
D. Stained teeth
E. Red, swollen gums
F. Offensive or unusual breath
G. Thumb-sucking
H. Cracks at the corners of mouth

9. Chest

A. Persistent cough or wheezing

10. Heart

A. Complaint of rapid heart beat
B. Easily fatigued
C. Breathless after moderate exercise

11. Abdomin

A. Frequent complaints of stomach aches

12. [illegible]

A. Scratching of [illegible]
B. Wets or soils self
C. Frequently goes to the bathroom
D. Complains of burning on urination
E. Odor of urine present

13. Extremities

A. Unusual gait or limp
B. Unusual posture
C. Joint pain or [illegible]

1. Neurological

A. Has short attention lapses with fixed gaze (appears gone or out of it.)

B. Other unusual body mannerisms - chewing) swallowing, salivation

C. Patterns of inappropriate or unexpected behavior

D. Facial tics; body twitches

E. Restless, Hyperactive

F. Unusual visual sensations or complaints

G. Unusual auditory sensations or complaints

H. Unusual olfactory (smell)

I. Overexcitable; unable to control emotions; explosive behavior

J. Rolls eyes.

APPENDIX B

April 28, 1975

% of Student Responses About School Lunch Experience
BETHUNE (N = 49)

Prepared by GUARDIAN RESOURCE DEVELOPMENT, INC.

The school food tastes:

Good	61%
Bad	10%
OK	29%

At lunch we get:

Lots of kinds of food	76%
It's the same old food over and over again	24%

At lunch the amount of food they give me is:

Too much	12%
Just the right amount	74%
Too little	14%

I finish my lunch:

Never	6%
Always	33%
Sometimes	61%

How much time do you have to eat your lunch?

Just the right amount	59%
Too little	23%
Too much	18%

Would you like a teacher or teacher's aide to sit and eat with you?

Yes	57%
No	39%
No Response	4%

If you were going to buy lunch at a restaurant, would you select the food served at school lunch?

Yes	51%
No	49%

I would eat more of my lunch: (Student was allowed to check more than one answer).

If I could eat somewhere else in the school	15
If the food looked better	35
If I could eat with whomever I wanted	34
If the tables were smaller	9

April 28, 1975

% of Student Responses About School Lunch Experience
GREELEY (N = 49)

Prepared by GUARDIAN RESOURCE DEVELOPMENT, INC.

The school food tastes:

Good	25%
Bad	16%
OK	59%

At lunch we get:

Lots of kinds of food	63%
It's the same old food over and over again	37%

At lunch the amount of food they give me is:

Too much	16%
Just the right amount	43%
Too little	41%

I finish my lunch:

Never	0%
Always	6%
Sometimes	94%

How much time do you have to eat your lunch?

Just the right amount	14%
Too little	39%
Too much	47%

Would you like a teacher or teacher's aide to sit and eat with you?

Yes	61%
No	39%
No Response	

If you were going to buy lunch at a restaurant, would you select the food served at school lunch?

Yes	27%
No	73%

I would eat more of my lunch: (Student was allowed to check more than one answer)

If I could eat somewhere else in the school	18
If the food looked better	37
If I could eat with whomever I wanted	37
If the tables were smaller	5

April 28, 1975

% of Student Responses About School Lunch Experience
WEBSTER (N = 39)

Prepared by GUARDIAN RESOURCE DEVELOPMENT, INC.

The school food tastes:

Good	26%
Bad	15%
OK	59%

At lunch we get:

Lots of kinds of food	38%
It's the same old food over and over again	62%

At lunch the amount of food they give me is:

Too much	8%
Just the right amount	59%
Too little	33%

I finish my lunch:

Never	8%
Always	3%
Sometimes	89%

How much time do you have to eat your lunch?

Just the right amount	31%
Too little	67%
Too much	2%

Would you like a teacher or teacher's aide to sit and eat with you?

Yes	11%
No	78%
No Response	11%

If you were going to buy lunch at a restaurant, would you select the food served at school lunch?

Yes 18%

No 82%

I would eat more of my lunch: (Student was allowed to check more than one answer)

If I could eat somewhere else in the school	25
If the food looked better	21
If I could eat with whomever I wanted	21
If the tables were smaller	5