

New York Statewide School Health Services Center

**SCHOOL HEALTH ASSESSMENT TOOL
PRE-ASSESSMENT WORKSHEET**

School Health Office staff cares for a variety of chronic health issues on a daily basis. Before completing our online school health assessment tool, please record the number of daily health office visits for each of the following chronic health issues for a period of four consecutive weeks.

If you have an additional chronic health issue that impacts your school's population, please add that to the line marked "Other".

Health Issue	Number of Visits				Total	Average Weekly Visits (Divide total by 4)
	Week One	Week Two	Week Three	Week Four		
Alcohol/Drug Use						
Significant Allergies (Food, Bee Sting, Latex)						
Asthma						
Cardiac Condition						
Communicable/Infectious Diseases						
Diabetes - Type I						
Diabetes - Type II						
Head Trauma/ TBI						
HIV/AIDS						
Neurological Conditions/Seizure						

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Health Issue	Number of Visits				Total	Average Weekly Visits (Divide total by 4)
	Week One	Week Two	Week Three	Week Four		
Orthopedic Conditions						
Overweight / Complications of Overweight						
Pregnancy						
Other						