

# Attachment A – School Surveillance GenIC

## Electronic Platform: Quarterly Chronic Absenteeism Data Reporting Form



Public reporting burden of this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-1154  
Form Approved, OMB Control No.: 0920-1154, Expiration date: 01/31/2023

This reporting form is for you to report your total numbers for the year. Please be sure to put a response for each option-do not leave any blank (put a 0). The questions follow the steps of the school nurse lead surveillance, and your hard copy (with 2 additional questions regarding your location and what quarter you are reporting.). We are asking for totals (aggregate) numbers.

Please let me know if you have any questions. Please complete for each quarter using the following timeline:

Quarter 1 (beginning of school year-Nov 30th): Dec 15, 2019

Quarter 2 (Dec 1- Feb 28): **March 15th**

Quarter 3 (March 1-end of school year): June 30th

Thank you!

Note "#" = Number of

**Which quarter are you reporting:**

- Quarter 1 (Beginning of school year-Nov 30th)
- Quarter 2 (Dec 1-Feb 28)
- Quarter 3 (March 1-end of school year)

**Please indicate the state in which you work:**

- Florida
- Massachusetts
- Michigan (indicate district)
- Utah (indicate district)

**Step 1. Identify students who are chronically absent**

# students chronically absent (TOTAL- any reason)

# of students trending towards chronically absent (if tracking, if not put NA)

**Step 2. Identify students who are chronically absent for health reason (or suspected to be health reasons).**

(note unique cases + chronic cases should total up to the total number chronically absent for health reasons)

Total # students chronically absent for health reasons

# unique cases (on the list just one month)

# chronic cases (on the list more than one month)

**Step 3. Outreach to students and their families (for students chronically absent for health reasons)**

# students/families contacted (by you or those helping in project)

Average number of tries needed to contact

**Time spent for step 3 (optional)**

Hours (decimal)

**Step 4. Identify reason(s) for absences/withdrawals.**

Note common 3 reasons for chronic absences.

1

2

3

**For health conditions undiagnosed ONLY**

# of undiagnosed students with symptoms related to ME/CFS (overwhelming fatigue, dizziness/POTS)

# students referred to provider for at-risk of ME/CFS

Qualitative –any word back from previously referred students for ME/CFS? or any other commonalities observed-like length or type of symptoms)

Step 5: Initiate care coordination and continue nursing process (and work with other school staff as appropriate). This step includes students with a diagnosed or undiagnosed condition.

List the top 3 nursing diagnoses used for students who are chronically absent.

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>

Time spent on Step 5 (optional) (average, and range)