

## **Attachment A**

### **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 suggestion for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX Form Approved, OMB Control No.: 0920-XXXX, Expiration date: XX/XX/XXXX.

# Monthly Active Surveillance

August

September

October

November

December

January

February

March

April

May

June

## August Surveillance - Step 1

Identify the number of students that are chronically absent.

**Total number of students enrolled in the school population:**

**Number of students chronically absent (TOTAL-any reason) this month**

**Grade level of student population:**

**Indicate number of total absences by grade level:**

Pre-K

May

June

**Indicate number of total absences by grade level:**

Pre-K	<input type="text"/>
K	<input type="text"/>
1st	<input type="text"/>
2nd	<input type="text"/>
3rd	<input type="text"/>
4th	<input type="text"/>
5th	<input type="text"/>
6th	<input type="text"/>
7th	<input type="text"/>
8th	<input type="text"/>

5th

6th

7th

8th

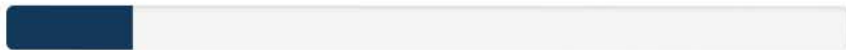
9th

10th

11th

12th

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## August Surveillance - Step 1

Identify the number of students that are chronically absent.

### Indicate number of total absences by sex:

Male	<input type="text"/>
Female	<input type="text"/>

### Indicate number of total absences by race/ethnicity:

American Indian/ Alaska Native	<input type="text"/>
Asian	<input type="text"/>
Black	<input type="text"/>
Hispanic	<input type="text"/>

- January
- February
- March
- April
- May
- June

**Indicate number of total absences by race/ethnicity:**

American Indian/ Alaska Native	<input type="text"/>
Asian	<input type="text"/>
Black	<input type="text"/>
Hispanic	<input type="text"/>
Native Hawaiian/ Pacific Islander	<input type="text"/>
White	<input type="text"/>
2 or more races	<input type="text"/>

**Are you tracking the number of students trending towards chronically absent this month?**

Hispanic

Native Hawaiian/  
Pacific Islander

White

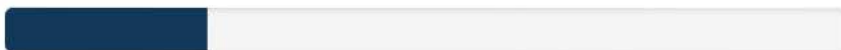
2 or more races

**Are you tracking the number of students trending towards chronically absent this month?**

Yes

No

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## August Surveillance - Step 2

Identify students who are chronically absent for health reasons (or suspected to be health reasons which are undiagnosed).

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

**Total number of students chronically absent for health reasons (diagnosed and undiagnosed)?**

**Number of unique cases (new to the list this month)?**

October

November

December

January

February

March

April

May

June

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

**Total number of students chronically absent for health reasons (diagnosed and undiagnosed)?**

**Number of unique cases (new to the list this month)?**

**Number of chronic cases (on the list more than one month)?**

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## August Surveillance - Step 3

Outreach to students and their families (for students chronically absent for health reasons)

**Number of students/families contacted (by you or those helping in project)?**

**Total number of attempts (for all students/families)**

**Number not reached?**

November

December

January

February

March

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May

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**Total number of attempts (for all students/families)**

**Number not reached?**

**Time spent for Step 3?**

*(hours)*

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## August Surveillance - Step 4

Identify reason(s) for all absences this month

List the top 3 reasons for chronic absences.

1)

2)

3)

For those with diagnosed health conditions only:

Acute illness  
(diagnosis  
confirmed)

Total number of  
students absent  
with ME/CFS?

with ME/CFS?

Total number of students absent with Asthma?

Total number of students absent with Life-threatening Allergy?

Total number of students absent with Type 1 Diabetes?

Total number of students absent with Type 2 Diabetes?

Total number of students absent with Seizures/ Epilepsy?

Total number of students absent with Type 1 Diabetes?

Total number of students absent with Type 2 Diabetes?

Total number of students absent with Seizures/ Epilepsy?

Total number of students absent with Mental Health diagnosis?

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## August Surveillance - Step 4

Identify reason(s) for all absences this month

**For those with undiagnosed health conditions, report number of students reporting the following symptoms related to the absences:**

Acute illness (diagnosis unconfirmed)	<input type="text"/>
Fatigue or malaise	<input type="text"/>
Fainting/Dizziness/POTS/OI	<input type="text"/>
Sleep problem (non-refreshing sleep or sleep disturbance)	<input type="text"/>
Cognitive Difficulties	<input type="text"/>
Problems with memory	<input type="text"/>

Problems with  
concentration

Problems with  
information  
processing speed

Worsening of  
symptoms after  
minor physical,  
mental, or  
emotional exertion

Number of students  
reporting multiple  
symptoms, as listed  
above?

Number of students  
referred to provider  
for at-risk of ME/CFS  
this month?

For students  
previously referred

For students previously referred to a provider for at-risk of ME/CFS, how many have received documented follow-up this month?

How many have received a confirmed diagnosis of ME/CFS this month?

Have you noted any commonalities (e.g., type or length of symptoms) from previously referred students for ME/CFS?

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## August Surveillance - Step 4

Identify reason(s) for all absences this month

**Total number of students who are chronically absent with a social determinant of health (SDOH) identified?**

**For students identified as having SDOH related to their chronic absenteeism, report the total number of students impacted by the following SDOH this month:**

Lack of health insurance	<input type="text"/>
Lack of access to a provider/specialist	<input type="text"/>
Lack of transportation	<input type="text"/>
Lack of financial resources	<input type="text"/>

Lack of financial resources	<input type="text"/>
Homelessness	<input type="text"/>
Lack of appropriate language skills	<input type="text"/>
Family situation/ caregiver stressors	<input type="text"/>
How many of these students are impacted by multiple SDOH as listed?	<input type="text"/>

**List the top 3 SDOH identified for those students who are chronically absent.**

1)	<input type="text"/>
----	----------------------

caregiver stressors

How many of these students are impacted by multiple SDOH as listed?

**List the top 3 SDOH identified for those students who are chronically absent.**

1)

2)

3)

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## August Surveillance - Step 5

Initiate care coordination (and work with other school staff as appropriate). This step includes students with diagnosed or undiagnosed health conditions.

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

1)

2)

3)

Time spent for Step 5?

(hours)

- September
- October
- November
- December
- January
- February
- March
- April
- May
- June



with diagnosed or undiagnosed health conditions.

**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 for Step 5?**  
(hours)

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# Monthly Active Surveillance

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## August Surveillance - Step 6

Develop a nursing plan for each student with chronic absenteeism related to a diagnosed or undiagnosed condition.

**Total number of IHP's developed?**

**Total number of students with an IHP related to chronic absenteeism (overall)?**

**List top 3 IHP goals for chronically absent students.**

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

April

May

June

**List top 3 IHP goals for chronically absent students.**

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

**List top 3 nursing interventions for chronically absent students.**

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

**Time spent on Step 6?**

3)

**List top 3 nursing interventions for chronically absent students.**

1)

2)

3)

**Time spent on Step 6?**

*(hours)*

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## August Surveillance - Step 7

Evaluating the nursing care plan

**Total number of goals reached this month?**

**Average number of months to reach goals?**

**Total number of students who were chronically absent that returned to class this month?**

# Monthly Active Surveillance

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## August Surveillance - Step 8

Sharing the results

**Did you share your data related to chronic absenteeism with any school stakeholders?**

Yes

No

# Monthly Active Surveillance

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## August Surveillance - Step 8

Sharing the results

**Did you share your data related to chronic absenteeism with any school stakeholders?**

Yes

No

**Whom did you share with?**

**How did you share the results?**

**What was the feedback/outcome of sharing?**

September

October

November

December

January

February

March

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stakeholders?

Yes

No

**Whom did you share with?**

**How did you share the results?**

**What was the feedback/outcome of sharing?**

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# Monthly Active Surveillance

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## June Surveillance - Step 9

Evaluation of overall process and school nurse experience (\*\*open for final month of submissions)

On a scale of 1-5 (1 = hardest , 5 = easiest) rate the following regarding your school nurse experience:

	Hardest		Neutral		Easiest
	1	2	3	4	5
Ability to get student absentee information/name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working with parents, teachers, faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to contact the family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to categorize the reasons for absence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

May

June

Ability to categorize  
the reasons for  
absence

Ease of worksheet/  
templates

**Please provide comments/feedback on the overall experience this year:**

**Please describe any phrases or skills that worked well for you? when working with parents/teachers/faculty.**

**Approximately how much time did it take you to complete this process?**

**Please describe any phrases or skills that worked well for you? when working with parents/teachers/faculty.**

**Approximately how much time did it take you to complete this process?**

**Please list any comments or suggestions for future attempts.**

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[Complete](#)