

| <p>Title – Prevention SOO</p> <p>Content Area – None</p> <p>Grade Level – K-5</p> <p>Students – All Students</p> <p>Interval of Service – One School Year</p> | | |
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| Main Criteria | Element | Description |
| <p>Essential Question: What is the most important outcome that will enable students to have better access to education through your services?</p> | | |
| Priority of Content | Objective Statement | Improve the overall health, wellness, and safety of students. |
| | Rationale | <p>A central aspect of my work is supporting students' overall health, wellness, and safety. I will focus on three major areas of my role: immunization records, vision screenings, and in-service trainings.</p> <p>Immunizations are a key to primary prevention of disease from infancy through adulthood. I am in a critical position to create awareness and influence action related to mandates and recommended immunizations in the school community.</p> <p>Routine screening is a preventative measure, helping children who need services gain access to them in order to prevent the occurrence of more severe problems later.</p> <p>By providing high quality in-service trainings to staff and families, it will help bring awareness to the many health problems of our students while providing strategies and coping mechanisms to those that interact with students.</p> |
| <p>Essential Question: Where are my students now with respect to the objective?</p> | | |
| | Baseline Data / Information | <p>There are currently 400 students enrolled at our school. Last school year, 100/400 (25%) were non-compliant with state requirements. Of the 100 non-compliant students, 35 were in Kindergarten, 20 in 1st grade, 10 in 2nd grade, 10 in 3rd grade, 10 in fourth grade, and 15 in 5th grade.</p> <p>During the last school year, 50 students failed the eye screening. Of those 50 students, only 10% or 5/50 students provided medical documentation of follow-up services.</p> <p>I administered a fall survey to all staff to gauge their level of confidence in their understanding of how to handle the daily needs and potential crises of diabetic students. No staff responded feeling very confident and only 10% were confident.</p> |
| <p>Essential Question: Based on what I know about my students, where do I expect them to be by the end of the interval of service? How will I measure this?</p> | | |
| Rigor of Target | Target(s) | <p>Immunization This school year, we have 90/420 non-compliant or 21%. I will reduce the number of students not in compliance with state-required immunizations to 67/420 or 16%. This is an overall improvement of five percentage points.</p> <p>Vision Screening This year, 55 students failed the eye screening. I will receive written or verbal notification of professional vision follow-up from 17 students, or 30%. This is a 20 percentage-point increase from last year.</p> <p>Staff Training 100% of faculty will be somewhat to highly confident in their understanding and ability to handle the daily needs and potential crises of diabetic students.</p> |

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| | <p>Rationale for Target(s)</p> | <p>Immunization While a five percentage-point target may not seem that rigorous, it is supported by historical data. For the past five years, the percent of non-compliant students has remained stagnant at 21%. This year, I will focus on students in Kindergarten and 1st grade (the two with the most need). The number out of compliance will decline over time as I implement targeted strategies.</p> <p>Vision Screening 20 percentage points is a rigorous and attainable target. Historically, there has been little or no focus on obtaining proof of professional follow-up. I believe that with multiple modes of outreach and support from our school social worker, I can greatly increase this number, which would bring us in line with the district average.</p> <p>Staff Training Last year, we had two incidents where diabetic students collapsed because their blood sugar went too low. While 100% may seem too rigorous, it is vital to the safety of students that the staff knows how to handle the needs of diabetic students. After initial training, I will survey faculty. Those who still do not feel confident will receive additional training. By the end of the school year, all faculty will feel somewhat to very confident in their understanding and ability.</p> |
| <p>Quality of Evidence</p> | <p>Evidence Source(s)</p> | <p>Immunization I will use ASPEN (student information system) to track student records. I will enter all information in the fall and monitor the impact of my strategies. I will take note of any trends and use this information to drive additional outreach. I will have a final record through ASPEN to provide evidence.</p> <p>Vision Screening I keep a spreadsheet of all students who have their vision tested and those who fail. I will add a column to this spreadsheet to record all attempts of communication with families.</p> <p>Staff Training I will use end-of-training staff surveys as an evidence source for this target.</p> |
| | <p>Strategies</p> | <p>Immunization Assessment of student immunization records, contact with parents through phone calls, notes, and school mailings. In addition to initial contact, I will follow up with families where students still have missing records, except those who are exempt. I will send home dual-language brochures that highlight the seriousness of vaccine-preventable diseases and have them in other places around the school including the front office where parents frequently visit.</p> <p>Vision Screening In the past, I only followed up once with a letter home to parents. This year I will include email, a note in report cards, and phone calls. I will also collaborate with the school social worker in cases where these outreach strategies do not work.</p> <p>Staff Training I will present a staff development activity at a faculty meeting in late fall and then continue with smaller or one-on-one training throughout the winter for those who need it.</p> |