



**Health Barriers to Learning Screening Form
Version 1: Updated 5/3/2016**

Health Barriers to Learning: Academic and health research confirm seven health-related conditions that impede cognitive development and can hinder learning. These include: unaddressed vision and hearing deficiencies; uncontrolled asthma; hunger; dental pain; certain behavioral problems (and lead in children under 6 years old). Children in poverty are most burdened by these conditions. * As many children do not regularly access primary care, a partnership approach with schools is critical for facilitating access.

Health Barriers to Learning Screening Form: The Health Barriers to Learning (HBL) Screening Form is designed to be used by healthcare personnel who are screening school-aged children for health conditions.

Goal: The goal of the Health Barriers to Learning Screening Form is to help ensure that all school-aged children are systematically screened for health barriers to learning **annually**, and that identified HBLs are properly managed and communicated. To achieve this goal, the form serves multiple purposes:

- 1) Informs parents, clinicians, teachers, school nurses, and other school personnel about the importance of screening for and managing HBLs;
- 2) Provides a structured yet flexible guide for clinicians that can be incorporated into existing screening protocols;
- 3) Provides parents, clinicians, and school personnel with a coordinated Action Plan for each of the identified HBLs; and
- 4) Provides a communication tool to help ensure that the parents, clinicians, and school are all working with the same information and plan, encouraging a team approach.

Of Note: Currently, screening requirements vary significantly by state and even district. For schools that do require a health screening form, most are only required at school entry (kindergarten or for transfer students). This tool can serve as a supplement or for use in years when the school entry form is not required. Please use in accordance with local regulations and best practices for care.

© 2016 Children's Health Fund May be reproduced in entirety
Developed by: Irwin Redlener, MD, Delaney Gracy, MD, MPH, Anupa Fabian, MPA, Maria Scigliano, MSW, & CHF's National Network. Designed by: Leland Foster

*References and additional information about this screening tool are available from Medical Affairs, Children's Health Fund by calling 212-535-9400 or e-mailing HBL@chfund.org. It is also available in Spanish, upon request.

ANNUAL CHILD SCREENING FORM FOR HEALTH BARRIERS TO LEARNING | FORMULARIO DE PRUEBAS ANUALES PARA DETECTAR BARRERS DE SALUD PARA EL APRENDIZAJE

Our goal is to improve communication among parents, health care provider & schools.

El objetivo de este formulario es aumentar la comunicación entre los padres de familia y los profesionales de atención médica.

SECTION 1: TO BE COMPLETED BY PARENT/CHILD'S GUARDIAN **SECCIÓN 1: PARA LOS PADRES/TUTOR DEL NIÑO**

Date of Birth/Fecha de nacimiento: ___/___/___	Child's Name/Nombre del niño/a: _____	Parent/guardian name/Nombre del padre, madre o tutor: _____	Phone #/Número de teléfono: _____ Alt: _____
School/Escuela: _____	Grade/Grado: _____	Current school year/Año escolar actual: _____	Address/Dirección: _____

RELEASE OF HEALTH INFORMATION BY PARENT OR CHILD'S GUARDIAN **DIVULGACIÓN DE INFORMACIÓN DE SALUD POR PARTE DEL PADRE, MADRE O TUTOR**

I give permission for my child's health care provider & school to discuss the information on this form, and follow up for the conditions listed below.

Doy permiso para que el profesional de atención médica de mi hijo/a y la escuela sobre la información en este formulario y den seguimiento a los problemas indicados a continuación.

Parent or guardian signature/ Firma del padre, madre o tutor: _____ Date/Fecha ___/___/___

SECTION 2: TO BE COMPLETED BY PROVIDER Date screened: ___/___/___ Site of screening: _____

HEALTH BARRIER	SCREENING RESULT	ACTION PLAN (Please specify actions. Specify 'none' if none are required)
Vision Problems	<input type="checkbox"/> Pass <input type="checkbox"/> Not screened Reason: _____ <input type="checkbox"/> Fail Reason(s): _____	<div style="border: 2px solid black; padding: 5px;"> <p align="center">ATTENDANCE</p> <p><i>Good attendance is one of the best predictors for school success. Two or more days missed monthly is chronic absenteeism—associated with poor grades & drop-out.</i></p> <p>Average days missed per month: _____</p> <p>Days missed so far in school year: _____</p> <p>Days missed last school year: _____</p> <p>Main reasons for absences: _____</p> <p>_____</p> <p>_____</p> </div>
Hearing Problems	<input type="checkbox"/> Pass <input type="checkbox"/> Not screened Reason: _____ <input type="checkbox"/> Fail Reason(s): _____	
Asthma	<input type="checkbox"/> No asthma <input type="checkbox"/> Controlled asthma <input type="checkbox"/> Not screened <input type="checkbox"/> Suspected asthma <input type="checkbox"/> Uncontrolled asthma Reason: _____ <input type="checkbox"/> Previous asthma <input type="checkbox"/> Current asthma	
Behavioral Issues	<input type="checkbox"/> No concerns <input type="checkbox"/> Not screened Reason: _____ <input type="checkbox"/> Concerns: _____	
Dental Pain	<input type="checkbox"/> No concerns <input type="checkbox"/> Not screened Reason: _____ Do your child's mouth, teeth or gums often hurt? yes no dk <input type="checkbox"/> Dental concerns obtained on history: _____ <input type="checkbox"/> Dental concerns found on examination: _____	
Hunger	<input type="checkbox"/> No concerns <input type="checkbox"/> Food bought didn't last & no money to get more <input type="checkbox"/> Worried food would run out before they got money to buy more <input type="checkbox"/> Not screened Reason: _____	
Lead <small>Screen if child is at risk due to age, socioeconomic, or nutritional factors</small>	<input type="checkbox"/> Risk Questionnaire <input type="checkbox"/> Test: _____ <input type="checkbox"/> Finger stick <input type="checkbox"/> Results: _____ <input type="checkbox"/> Venous	

Physical Exam: Please note any abnormalities.

Additional comments/concerns: _____ **Medications:** List any side effects that may affect the child's performance in school. _____

Provider Name: _____	Degree: _____	License #: _____	Signature: _____	Provider stamp: _____
Facility name: _____	Address: _____	Phone: _____	Date: _____	

Primary Care Provider should ensure parent/child's guardian & the school have Medication Administration Forms, Asthma Action Plan, or any other special needs care plan.

Family Action Plan

Children who miss 2 or more days of school a month can fall behind in school. This can cause poor grades and schoolwork. They might have to repeat a grade.



ASTHMA

Asthma is a lung problem that makes it hard to breathe. Asthma can make it hard to sleep or play. Asthma can also make it hard for children to pay attention in class. Children with asthma may miss days of school and get behind with their school work.

Follow up actions:



HUNGER

Children who are hungry during class have a harder time paying attention and learning. Children who eat a healthy breakfast everyday do better in school.

Follow up actions:



PROBLEMS WITH BEHAVIOR

Children who have problems with behavior can struggle to pay attention in class. Behavior problems can get in the way of learning. Children who have help controlling behavior problems do better in school.

Follow up actions:



DENTAL PAIN

Dental Pain If a child's tooth hurts, it can be very hard to pay attention in class. Children with mouth problems often miss days of school because of pain. Children who miss school because of mouth problems can get behind with their school work. They may make lower grades.

Follow up actions:



STRESS

When you are worried or uncomfortable about something it can make your body or mind feel bad. This is stress. You may feel afraid, very sad or worried which can make paying attention harder. Even children can feel stress. Feeling very afraid, very sad, or worrying a lot can make school harder for kids.

Follow up actions:



PROBLEMS SEEING

Children who have problems seeing often have a harder time in school. It may be hard for them to read or see the board. Children who have problems seeing may have lower grades in school.

Follow up actions:



PROBLEMS HEARING

Hearing problems can make it harder for a child to learn. They may have trouble hearing their teacher or other students. Children who have problems hearing also have a harder time playing with other kids at school.

Follow up actions:



LEAD

Lead can be found in old house paint, pipes, jewelry, and many other common items. It is very dangerous for babies and growing children if it gets in their mouth or is swallowed. Lead can damage the growing brain. If your child is less than 7, ask your doctor if they need a lead test.

Follow up actions: