



## School Health Report

The School Health Report has moved to a new application and will no longer be available through DOE Online. In order to access and complete the School Health Report via this new application, please see below:

### Part One: Accessing the Report

#### 1. Obtain the “School Health” Role

In order to have access to the School Health Report, school staff must be assigned the role of “School Health” by the school Data Security Coordinator. School staff responsible for completing the School Health Report should contact their technology department and ask to be assigned the “School Health” role. Questions on assigning this role can be sent to [link@doe.in.gov](mailto:link@doe.in.gov).

#### 2. Log into the LINK Portal

Once the “School Health” role has been assigned, the Report may be accessed via the LINK Portal. Schools enter the [LINK Portal](#) via their school Google or Microsoft Account. The “IDOE | Identity” Box will appear when logging in.

Click on either the Google or Microsoft sign-in box, enter your school email address and password, and click “Sign In”.

Instructions and helpful tips for signing into “IDOE | Identity” can be found [here](#). If you need help signing into your school Google or Microsoft account, please contact your Data Security Coordinator or questions can be sent to [link@doe.in.gov](mailto:link@doe.in.gov).

#### 3. Click on the “School Health Report” Tile

Once in the LINK Portal, navigate to the “School Health Report” tile, pictured below.



Click on the tile and the “Welcome Page” to the School Health Report should appear. The report will be open April 1 – June 15.



## Part Two: Completing the Report

### 1. Open the Report

Click on the blue box, shown below, to open the report.

## Welcome to the IDOE School Health Report

Click here to open the Report

Click HERE to submit information for a Health Report

### 2. Locate Your School

Your corporation should automatically populate in the box to the left. Click on the down arrow in the right box and select the school for which you would like to complete a report.

School Health Report

Select School to Begin Report

<p>Corporation Name</p> <input type="text" value="IDOE Region Community Schools"/>	<p>School Name</p> <input type="text" value="Select School"/>
--	---

Your school corporation should automatically populate.

Click on the down arrow to select the school you would like to complete a report for.

### 3. Complete Section 1 – Contact Information

Your contact information should automatically populate.

Contact Information					
Position Title	Title	First Name	Last Name	Phone	Email

### 4. Complete Section 2 – Modified Clinical Technique (MCT)

This section will only be visible for schools with students in kindergarten or first grade. Click on the “Enter Data” box to enter your MCT information.



# Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

### Modified Clinical Technique

MCT data has not been submitted. Please enter this data to complete your report.

Grade	Waiver Granted	Number of Students Tested

[Click here to enter your MCT Data](#) [Enter Data](#)

Once you click on the “Enter Data” box, another box will open.

### Modified Clinical Technique Reporting

Schools are required to complete the MCT Screening for students in kindergarten or first grade. Please select the grade your school chose and complete the appropriate information.

Grade: \*

Please note that either the MCT Waiver Granted box or the number of Total Students tested must be completed before the Submit button will be activated.

MCT testing was not completed, a waiver was requested, and the MCT waiver request was granted by the IDOE.

MCT Waiver Granted

MCT testing was completed and the number of students tested for MCT was:

Total Students: \*

Select the grade (kindergarten or first) and if a waiver was requested, check the “MCT Waiver Granted” box. If the MCT screening was completed, enter the number of students that were screened. Then click “Submit”. All errors must be corrected in order to complete the submission. A green “Submission Successful” note will display once the submission has been accepted and the red “MCT data has not been submitted. Please enter this data to complete your report” note at the top of this section will disappear.

Example #1 - School who received a waiver for kindergarten students.

### Modified Clinical Technique Reporting

Schools are required to complete the MCT Screening for students in kindergarten or first grade. Please select the grade your school chose and complete the appropriate information.

Grade:

Please note that either the MCT Waiver Granted box or the number of Total Students tested must be completed before the Submit button will be activated.

MCT testing was not completed, a waiver was requested, and the MCT waiver request was granted by the IDOE.

MCT Waiver Granted

MCT testing was completed and the number of students tested for MCT was:

Total Students:

Submission Successful!



Example #2 – School who completed the MCT screening for first grade students.

**Modified Clinical Technique Reporting**

Schools are required to complete the MCT Screening for students in kindergarten or first grade. Please select to complete the appropriate information.

Grade:

Please note that either the MCT Waiver Granted box or the number of Total Students tested must be completed before the Submit button will be activated.

MCT testing was not completed, a waiver was requested, and the MCT waiver request was granted by the IDOE.

MCT Waiver Granted

MCT testing was completed and the number of students tested for MCT was:

Total Students:

Submission Successful!

X

Once you receive the "Submission Successful!" message, click on the "X" to exit this box

Click the "X" in the upper right corner to exit.

If you have another grade to enter, click on the "Enter Data" box again and repeat the process. A waiver for both grades is not necessary, but if the school has students in grades kindergarten or first, the MCT section must be completed for at least one of these grades.

All errors must be corrected in order to complete the submission. A green "Submission Successful" note will display once the submission has been accepted.

## 5. Complete Section 3 – Student Health Information

In this section, only the grades that are in a particular school will be shown (i.e. - if completing a report for a high school, only columns for grades 9-12 will appear.) The example below is for a K-12 building, and all grades are listed.

The boxes with a red outline indicate mandatory fields for a building that must be completed. The example below shows the top portion of the chart – vision and hearing screening results. The bottom portion of the chart is listed in another example and includes immunization and chronic disease data. **Please note – the chronic disease boxes are not mandatory.**

Once you complete the grid and click on "Save Data" the red outlines will disappear from fields where correct data has been entered.



# Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

## Students Health Information

Student Health Information data has not been submitted. Please enter this data to complete your report.

Tests	KG	1	2	3	4	5	6	7	8	9	10	11	12	Total
# Total Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
# Vision Tested	0	0	0	0	0	0	0	0	0	0	0	0	0	0
# Passed Vision	0	0	0	0	0	0	0	0	0	0	0	0	0	0
# Failed Vision	0	0	0	0	0	0	0	0	0	0	0	0	0	0
# Borderline Vision	0	0	0	0	0	0	0	0	0	0	0	0	0	0
# Hearing Tested	0	0	0	0	0	0	0	0	0	0	0	0	0	0
# Passed Hearing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
# Failed Hearing	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Note – Once the number of vision-tested students has been entered into either kindergarten or first grade, click on the “Save Data” box and the mandatory vision boxes not completed will be outlined in red.

Example – First grade vision boxes are now highlighted in red.

## Students Health Information

Student Health Information data has not been submitted. Please enter this data to complete your report.

Tests	KG	1	2	3	4	5	6	7	8	9	10	11	12	Total
# Total Students	100	100	100	100	100	100	100	100	100	100	100	100	100	1300
# Vision Tested	0	100	0	0	0	0	0	0	0	0	0	0	0	100
# Passed Vision	0	0	0	0	0	0	0	0	0	0	0	0	0	0
# Failed Vision	0	0	0	0	0	0	0	0	0	0	0	0	0	0
# Borderline Vision	0	0	0	0	0	0	0	0	0	0	0	0	0	0

When entering a number, “0” cannot be deleted – instead, type over it, hit the tab button, and enter the next number. Once several numbers have been entered, data can easily be entered across a row.

Students Health Information

Tests	KG	1	2
# Total Students	50	0	0
# Vision Tested	0		
# Passed Vision	0		
# Failed Vision	0		
# Borderline Vision	0	0	0

When entering numbers, you cannot back space to delete the “0”. Just type over the “0” to enter your number.



## Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

Enter the appropriate vision and hearing data, as well as the aggregate immunization data for each grade level. Immunization data should count each student only once, by placing them into one of these four categories:

- Complete immunizations – meets the Indiana Department of Health Required Immunization schedule.
- In-Process – has an appointment(s) scheduled to receive any incomplete vaccines.
- Religious Objection – has a religious objection on file at the school.
- Medical Exemption – has a medical exemption on file at the school.

# Completed Immunizations	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
# In-Process Immunizations	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
# Religious Objection	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
# Medical Exemption	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
# Asthma with Inhaler	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
# Seizure Disorder	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
# Allergies with Epinephrine	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
# Type 1 Diabetes	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
# Type 2 Diabetes	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0

Once finished entering the data, click on the “Save Data” box at the bottom right corner below the grid.

If all data has been entered correctly, all numbers add up correctly and all mandatory fields have been completed, a green “Submission Successful!” note will display and the red “Student Health Information data has not been submitted. Please enter this data to complete your report.” note at the top of this section will disappear.

Submission Successful!

Save Data

If the report contains errors, a red error box will appear below the grid containing a list of any errors and an explanation of how to correct each error.



## Submission Failed!

Submission errors listed below.

1. Kindergarten # Total Students is a required field!
2. First grade # Total Students is a required field!
3. Second grade # Total Students is a required field!
4. Third grade # Total Students is a required field!
5. Fourth grade # Total Students is a required field!
6. Kindergarten or First Grade # Vision Tested is required!
7. Third grade # Vision Tested is a required field!
8. First grade # Hearing Tested is a required field!
9. Fourth grade # Hearing Tested is a required field!
10. Kindergarten Completed Immunizations, Kindergarten In-Process Immunizations, Kindergarten Religious Objection, and Kindergarten Medical Exemption must be greater than zero!
11. First grade Completed Immunizations, First grade In-Process Immunizations, First grade Religious Objection, and First grade Medical Exemption must be greater than zero!

Data will not be submitted until all errors have been corrected and the green “Submission Successful!” message is displayed.

## 6. Complete Section 4 – Clinic Health Services Personnel

**Please note – this section is not mandatory and does not need to be completed in order to submit a report.**

Clinic Health Services Personnel			
Please enter data for each person providing direct health services to students in this building.			
Job Title	Employer	Healthcare Service	Average Hours Worked (Weekly) in This Building
			<a href="#">Add a Person</a>

If completing this section, click on the “Add a Person” box in the lower right-hand corner.

Select the best answer from the dropdown menus regarding the job title, employer, and health services. Enter the average number of hours this person provides direct health care services to students. The number of hours worked can be directly entered or the arrows to the right of the box may be used.



# Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

### Clinic Health Services Personnel

Please enter the information below for each staff member who routinely provides direct healthcare services to students in this building. If a person works in multiple buildings, please split their hours to match the average time the person is physically in this building per week. If more than one person covers the health clinic, please click on the "Add a Person" button to enter additional information. Please note that all four fields must be completed before the Submit button will be activated.

Job Title *	Healthcare Employer *
Select Job Title	Select Response
Healthcare Service *	Average Hours Worked (Weekly) in This Building *
Select Response	0

[Submit](#)

When the four fields in this section are complete, click on the "Submit" data button. Once you receive a "Submission Successful" note – click on the "X" to exit this screen and add another person if applicable.

If you do not wish to complete this section, click on the "X" and do not submit.

### Clinic Health Services Personnel

Please enter the information below for each staff member who routinely provides direct healthcare services to students in this building. If a person works in multiple buildings, please split their hours to match the average time the person is physically in this building per week. If more than one person covers the health clinic, please click on the "Add a Person" button to enter additional information. Please note that all four fields must be completed before the Submit button will be activated.

Job Title	Healthcare Employer
Health Aide	School Corporation
Healthcare Service *	Average Hours Worked (Weekly) in This Building *
Select Response	0

[Submit](#)

If you do not wish to submit data for this section, click on the "X" to exit.

To edit or delete an entry, click on the options to the right of the entry.

### Clinic Health Services Personnel

Please enter data for each person providing direct health services to students in this building.

Job Title	Employer	Healthcare Service	Average Hours Worked (Weekly) in This Building	
RN - ADN	School Corporation	Physically provides healthcare services to students in more than one building.	10.00	<a href="#">Edit</a>   <a href="#">Delete</a>
Auxiliary Staff (principal, secretary, office staff)	School Corporation	Physically provides healthcare services to students in this building only.		<a href="#">Edit</a>   <a href="#">Delete</a>

[Add a Person](#)

If needed, chose the Edit or Delete option to change your entries and resubmit





**Example #1** – This corporation has an RN who covers/provides direct student care in two different buildings. The RN is in each building four hours a day. Each building also has a full-time health aide.

✕

### Clinic Health Services Personnel

Please enter the information below for each staff member who routinely provides direct healthcare services to students in this building. If a person works in multiple buildings, please split their hours to match the average time the person is physically in this building per week. If more than one person covers the health clinic, please click on the "Add a Person" button to enter additional information. Please note that all four fields must be completed before the Submit button will be activated.

Job Title RN - BSN	Healthcare Employer School Corporation
Healthcare Service Physically provides healthcare services to students in more than one building	Average Hours Worked (Weekly) in This Building 20

[Submit](#)

Submission Successful!

✕

### Clinic Health Services Personnel

Please enter the information below for each staff member who routinely provides direct healthcare services to students in this building. If a person works in multiple buildings, please split their hours to match the average time the person is physically in this building per week. If more than one person covers the health clinic, please click on the "Add a Person" button to enter additional information. Please note that all four fields must be completed before the Submit button will be activated.

Job Title Health Aide	Healthcare Employer School Corporation
Healthcare Service Physically provides healthcare services to students in this building only	Average Hours Worked (Weekly) in This Building 37.5

[Submit](#)

Submission Successful!

### Clinic Health Services Personnel

Please enter data for each person providing direct health services to students in this building.

Job Title	Employer	Healthcare Service	Average Hours Worked (Weekly) in This Building	
RN - BSN	School Corporation	Physically provides healthcare services to students in more than one building.	20.00	<a href="#">Edit</a>   <a href="#">Delete</a>
Health Aide	School Corporation	Physically provides healthcare services to students in this building only.	37.50	<a href="#">Edit</a>   <a href="#">Delete</a>

[Add a Person](#)



**Example #2** – A building is staffed with a full-time LPN. The LPN gives direct care in this building, is contracted by a healthcare system, and is supervised by an RN who works in a separate building. The RN does not come to the school to give direct student care and would not be listed on this building’s report. The LPN would be the only person listed.

### Clinic Health Services Personnel

Please enter the information below for each staff member who routinely provides direct healthcare services to students in this building. If a person works in multiple buildings, please split their hours to match the average time the person is physically in this building per week. If more than one person covers the health clinic, please click on the "Add a Person" button to enter additional information. Please note that all four fields must be completed before the Submit button will be activated.

Job Title: LPN | Healthcare Employer: Hospital or Healthcare System

Healthcare Service: Physically provides healthcare services to students in this building | Average Hours Worked (Weekly) in This Building: 40

[Submit](#)

Submission Successful!

### Clinic Health Services Personnel

Please enter data for each person providing direct health services to students in this building.

Job Title	Employer	Healthcare Service	Average Hours Worked (Weekly) in This Building	
LPN	Hospital or Healthcare System	Physically provides healthcare services to students in this building only.	40.00	<a href="#">Edit</a>   <a href="#">Delete</a>

[Add a Person](#)

**Example #3** – This building has an RN for 10 hours a week and trained office staff provide direct care for 30 hours.

### Clinic Health Services Personnel

Please enter the information below for each staff member who routinely provides direct healthcare services to students in this building. If a person works in multiple buildings, please split their hours to match the average time the person is physically in this building per week. If more than one person covers the health clinic, please click on the "Add a Person" button to enter additional information. Please note that all four fields must be completed before the Submit button will be activated.

Job Title: RN - ADN | Healthcare Employer: School Corporation

Healthcare Service: Physically provides healthcare services to students in more than o | Average Hours Worked (Weekly) in This Building: 10

[Submit](#)

Submission Successful!



## Clinic Health Services Personnel

Please enter the information below for each staff member who routinely provides direct healthcare services to students in this building. If a person works in multiple buildings, please split their hours to match the average time the person is physically in this building per week. If more than one person covers the health clinic, please click on the "Add a Person" button to enter additional information. Please note that all four fields must be completed before the Submit button will be activated.

Job Title	Healthcare Employer
Auxiliary Staff (principal, secretary, office staff) ▼	School Corporation ▼
Healthcare Service	Average Hours Worked (Weekly) in This Building
Physically provides healthcare services to students in this building ▼	30

[Submit](#)

Submission Successful!

**Clinic Health Services Personnel**  
Please enter data for each person providing direct health services to students in this building.

Job Title	Employer	Healthcare Service	Average Hours Worked (Weekly) in This Building	
RN - ADN	School Corporation	Physically provides healthcare services to students in more than one building.	10.00	<a href="#">Edit</a>   <a href="#">Delete</a>
Auxiliary Staff (principal, secretary, office staff)	School Corporation	Physically provides healthcare services to students in this building only.	30.00	<a href="#">Edit</a>   <a href="#">Delete</a>

[Add a Person](#)

Continue to click on "Add a Person" to enter data for any person who provides care to students on a regular basis in the building. You are able to add, edit, or delete any of the entries.

**Clinic Health Services Personnel**  
Please enter data for each person providing direct health services to students in this building.

Job Title	Employer	Healthcare Service	Average Hours Worked (Weekly) in This Building	
RN - ADN	School Corporation	Physically provides healthcare services to students in more than one building.	10.00	<a href="#">Edit</a>   <a href="#">Delete</a>
Auxiliary Staff (principal, secretary, office staff)	School Corporation	Physically provides healthcare services to students in this building only.		<a href="#">Edit</a>   <a href="#">Delete</a>

[Add a Person](#)

*If needed, chose the Edit or Delete option to change your entries and resubmit*



## Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

Once a green "Submission Successful" note appears in the required sections (MCT and Student Health Information), and the red notes above these two sections are no longer visible, the report has been completed.

If you have only one school to report on, you may exit the School Health Report. To complete a report for another school in your district, please go to the top of the screen to select another school.

### School Health Report

**Corporation Name**  
001 Indiana Central Community Schools

**School Name**  
0011 Indiana Central Elementary School

Select School to Begin Report

Click on the down arrow to select and complete the Report for another school

The report will close on June 15. Data may be edited and resubmitted as needed until that time.