



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

School Year 2011-2012

Dear School Nurse Supervisor:

The Connecticut Department of Public Health (DPH) Asthma Program would like to thank you for your past cooperation with the collection of School-based Asthma Surveillance data as mandated by Connecticut General Statute Section 10-206.

Attached to this letter are two forms that should be used for the 2011-2012 school year:

- 1) ***Asthma Reporting Form*** to be completed by the school nurse for each school and
- 2) ***District Asthma Reporting Summary Form*** to be completed by the school nurse supervisor or health service director for each district.

Information to be collected on the *Asthma Reporting Form* has been modified to align with the recent changes to the Health Assessment Record (HAR or "the blue form").

What to do:

- Make copies of the *Asthma Reporting Form* + Instruction and distribute to the nurses in your school district. You can also ask the nurses to download the forms from our website <http://www.ct.gov/dph/asthma>. Click on "Schools" near the bottom of the page and then click on "Asthma Reporting Forms".
- Collect the *Asthma Reporting Forms* from your school nurses for each school by **September 15, 2012**.
- Complete the *District Asthma Reporting Summary Form*. Indicate your school district requirement for HAR submission. Whether HAR should be submitted prior to entering the specified grade or during enrollment of the specified grade, before advancing to the next grade.
- Submit *District Asthma Reporting Summary Form* and individual schools' *Asthma Reporting Forms* to DPH by **September 30, 2012**.

Please note that while the deadline is September 30, 2012, you can submit all the forms as soon as they are all completed. We strongly encourage school districts to complete and submit their forms by the end of the 2011-2012 school year (June 2012).

Thank you for your cooperation in this important effort. If you have any questions or concerns or if you need additional copies of the reporting forms, please contact us at (860) 509-8251.

Sincerely,

Justin Peng

Justin Peng (Justin.Peng@ct.gov)
Epidemiologist
Asthma Program



Phone: (860) 509-8251
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 11HLS
P.O. Box 340308 Hartford, CT 06134
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District Asthma Reporting Summary Form

2011-2012 School Year

(This page must be completed by the nurse supervisor / health service director)
 Submit with Asthma Reporting Forms from all schools by 9/30/2012

Name of School District:
Name of Superintendent:
Name of Person Completing Form:
Phone Number:

Number of schools in system:
Number of schools reporting:
Number of students with asthma diagnosis being reported:

Grades that require Health Assessment Record (HAR) for students:	For each selected grade, please indicate school district requirement for submission:		
	Prior ¹	During ²	Either ³
<input type="checkbox"/> Pre-Kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 6th Grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 7th Grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 9th Grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 10th Grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 11th Grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ Prior to entering the specified grade; ² During enrollment of the specified grade, before advancing to the next grade
³ Either prior to or during enrollment.

Schools Not Reporting (List):	

I certify that this information is complete and accurate to the best of my knowledge.

 Signature Date

Please return this form + *Asthma Reporting Forms* for each school in your district to:

Asthma Program
 Department of Public Health
 410 Capitol Avenue MS#11HLS
 PO Box 340308
 Hartford, CT 06134
 Phone #: (860) 509-8251
 Fax: (860) 509-7854



Download Forms at <http://www.ct.gov/dph/asthma>. Click on "Schools" then "Asthma Reporting Forms".