

**Series 5000  
Policy 5011  
Students**

**ADMINISTRATIVE REGULATIONS REGARDING HEALTH  
ASSESSMENTS/SCREENINGS AND ORAL HEALTH ASSESSMENTS**

I. Health Assessments

The Hartland Board of Education (the “Board”) requires each student enrolled in the Hartland Public Schools (the “District”) to undergo health assessments as mandated by state law. The purpose of such health assessments shall be to ascertain whether a student has any physical disability tending to prevent the student from receiving the full benefit of school work and to ascertain whether school work should be modified in order to prevent injury to the student or to secure a suitable program of education for the student. Such health assessments must be conducted by one of the following qualified providers for health assessments: (1) a legally qualified practitioner of medicine; (2) an advanced practice registered nurse or registered nurse, who is licensed under state statute; (3) a physician assistant, who is licensed under state statute; (4) the school medical advisor; or (5) a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base. The Board will provide written prior notice of the health assessments required under these administrative regulations to the parent or guardian of each student subject to assessment. The parent or guardian shall be provided a reasonable opportunity to be present during such assessment or the parent or guardian may provide for such assessment. No health assessment shall be made of any public school student unless it is made in the presence of the parent or guardian or in the presence of another school employee. Any student who fails to obtain the health assessments required by these administrative regulations may be denied continued attendance in the District.

II. Health Assessments Required:

Prior to enrollment in the District, each student must undergo a health assessment, which shall include:

- (a) a physical examination which includes hematocrit or hemoglobin tests, height, weight, blood pressure, and a chronic disease assessment which shall include, but not be limited to, asthma. The assessment form shall include (A) a check box for the provider conducting the assessment, to indicate an asthma diagnosis, (B) screening questions relating to appropriate public health concerns to be answered by the parent or guardian, and (C) screening questions to be answered by such provider;
- (b) an updating of immunizations as required by state law;
- (c) vision, hearing, speech and gross dental screenings;

(d) such other information, including health and developmental history, as the physician feels is necessary and appropriate.

The pre-enrollment assessment shall also include tests for tuberculosis, sickle cell anemia or Cooley's anemia, and tests for lead levels in the blood if, after consultation with the school medical advisor and the local health department, the Board determines that such tests are necessary. Such tests must be conducted by a registered nurse acting pursuant to the written order of a physician, or physician's assistant, licensed under state law, or an advanced practice registered nurse, licensed under state law.

Each student enrolled in the District must undergo a health assessment when entering grade kindergarten and when entering grade six which shall include:

(a) a physical examination which includes hematocrit or hemoglobin tests, height, weight, blood pressure, and a chronic disease assessment which shall include, but not be limited to, asthma as defined by the Commissioner of Public Health pursuant to subsection (c) of section 19a-62a of the Connecticut General Statutes. The assessment form shall include (A) a check box for the provider conducting the assessment, to indicate an asthma diagnosis, (B) screening questions relating to appropriate public health concerns to be answered by the parent or guardian, and (C) screening questions to be answered by such provider;

(b) an updating of immunizations as required by state law;

(c) vision, hearing, postural and gross dental screenings;

(d) such other information, including health and developmental history, as the physician feels is necessary and appropriate.

The grade six/seven and grade nine/ten assessments shall also include tests for tuberculosis and sickle cell anemia or Cooley's anemia if, after consultation with the school medical advisor and the local health department, the Board determines that such tests are necessary. Such tests must be conducted by a registered nurse acting pursuant to the written order of a physician, or physician's assistant, licensed under state law, or of an advanced practice registered nurse, licensed under state law.

The Board of Education shall provide such assessments free of charge to students whose parents or guardians meet the eligibility requirements for free and reduced price meals under the National School Lunch Program or for free milk under the special milk program.

### III. Oral Health Assessments:

A. Prior to enrollment in the District, in grade six the Board shall request that each student undergo an oral health assessment. Such oral health assessments must be

conducted by one of the following qualified providers for oral health assessments: (1) a dentist licensed under state law; (2) a dental hygienist licensed under state law; (3) a legally qualified practitioner of medicine trained in conducting oral health assessments as a part of a training program approved by the Commissioner of Public Health; (4) a physician assistant licensed under state law and trained in conducting oral health assessments as part of a training program approved by the Commissioner of Public Health; or (5) an advanced practice registered nurse licensed under state statute and trained in conducting oral health assessments as part of a training program approved by the Commissioner of Public Health.

- B. The oral health assessment identified in subsection A above shall include a dental examination by a dentist, or a visual screening and risk assessment for oral health conditions by a dental hygienist, legally qualified practitioner of medicine, physician assistant, or advanced practice registered nurse. The assessment form shall include a check box for the qualified provider conducting the assessment to indicate any low, moderate or high risk factors associated with any dental or orthodontic appliance, saliva, gingival condition, visible plaque, tooth demineralization, carious lesions, restorations, pain, swelling or trauma.
- C. No oral health assessment shall be made of any public school student unless the parent or guardian of the student consents to such assessment and such assessment is made in the presence of the parent or guardian or in the presence of another school employee. The parent or guardian shall be provided with prior written notice of an oral health assessment and be provided with a reasonable opportunity to opt the child out of such assessment or the parent or guardian may provide for such oral health assessment.
- D. If the Board of Education hosts a free oral health assessment event where qualified providers (identified in subsection A above) perform oral health assessments of children attending a public school, the Board shall notify the parents and guardians of such children of the event in advance and provide an opportunity for parents and guardians to opt their child(ren) out of such event. The Board shall infer parent/guardian consent for each child whose parent or guardian did not opt the child out of the free oral health assessment event and shall provide such child with a free oral health assessment; however, such child shall not receive dental treatment of any kind unless the child's parent or guardian provides informed consent for such treatment.
- E. Any student who fails to obtain an oral health assessment requested by the Board shall not be denied enrollment or continued attendance in the District.

#### IV. Screenings Required:

The Board will provide annually to each student enrolled in kindergarten and grades one and three to five, inclusive, a vision screening. Such vision screening may be performed using a Snellen chart or an equivalent screening device, such as an automated

vision screening device. The Superintendent shall give written notice to the parent or guardian of each student (1) who is found to have any defect of vision or disease of the eyes, with a brief statement describing the defect or disease and a recommendation that the student be examined by an optometrist or ophthalmologist licensed pursuant to state law, and (2) who did not receive such vision screening, with a brief statement explaining why such pupil did not receive such vision screening.

The Board will provide annually to each student enrolled in kindergarten and grades one and three through five, inclusive, audiometric screening for hearing. The Superintendent shall give written notice to the parent or guardian of each student (1) who is found to have any impairment or defect of hearing, with a brief statement describing the impairment or defect, and (2) who did not receive an audiometric screening for hearing, with a brief statement explaining why such student did not receive an audiometric screening for hearing.

The Board will provide postural screenings for (1) each female student in grades five and seven, and (2) each male student in grade eight or nine. The Superintendent shall give written notice to the parent or guardian of each student (A) who evidences any postural problem, with a brief statement describing such evidence, and (B) who did not receive a postural screening, with a brief statement explaining why such student did not receive such postural screening.

All of the screenings required under these administrative regulations will be performed in accordance with regulations applicable to such screenings as adopted by the State Board of Education.

#### V. Assessment/Screening Results:

The results of each assessment and screening required or requested by these administrative regulations shall be recorded on forms supplied by the State Board of Education. Each qualified provider performing health assessments or oral health assessments under these administrative regulations shall sign each form and any recommendations concerning a student shall be in writing. Assessment/screening forms shall be included in the cumulative health record of each student and they shall be kept on file in the school attended by the student. If a student transfers to another school district in Connecticut, the student's original cumulative health record shall be sent to the chief administrative officer of the new school district and a true copy retained by the Board. For a student leaving Connecticut, a copy of the records, if requested, should be sent and the original maintained.

Appropriate school health personnel shall review the results of each assessment and screening. If the reviewing school health personnel judge that a student is in need of further testing or treatment, the Superintendent shall give written notice to the parent or

guardian of such student and shall make reasonable efforts to ensure that such further testing or treatment is provided. Reasonable efforts shall include determination of whether the parent or guardian has obtained the necessary testing or treatment for the student, and, if not, advising the parent or guardian how such testing or treatment may be obtained. The results of such further testing or treatment shall be recorded, kept on file and reviewed by appropriate school health personnel in the same manner as the results of the health assessments and screenings required or requested under these administrative regulations.

The district shall report to the local health department and the Department of Public Health, on a triennial basis, the total number of children per school and on a district-wide basis having a diagnosis of asthma (1) at the time of public school enrollment, (2) in grade six or seven, and (3) in grade nine or ten. The report shall contain the asthma information collected as required under Section II of this Policy and shall include information regarding each diagnosed child's age, gender, race, ethnicity and school.

VI. Exemption

Nothing in these administrative regulations shall be construed to require any student to undergo a physical or medical examination or treatment, or be compelled to receive medical instruction, if the parent or legal guardian of such student or the student, if the student is an emancipated minor or is eighteen (18) years of age or older, notifies the teacher or principal or other person in charge of such student in writing that the student objects on religious grounds to such physical or medical examination or treatment or medical instruction.

VII. Other Non-Emergency Invasive Physical Examinations and Screenings:

- A. In addition to the screenings listed above, the district may, from time to time, require students to undergo additional non-emergency, invasive physical examination(s)/screening(s).
- B. A non-emergency, invasive physical examination or screening is defined as:
  - 1. any medical examination that involves the exposure of private body parts; or
  - 2. any act during such examination that includes incision, insertion, or injection into the body, but does not include a hearing, vision, or scoliosis screening; and
  - 3. is required as a condition of attendance, administered by the school and scheduled by the school in advance; and
  - 4. is not necessary to protect the immediate health and safety of the student, or of other students.
- C. If the district elects to conduct any such examinations, then, at the beginning of the school year, the administration shall give direct notice to parents of affected

students of the district's intent to conduct the non-emergency invasive physical examination(s) and/or screening(s) described in this subsection. Such notice shall include the specific or approximate dates during the school year of the administration of such non-emergency invasive physical examination(s)/screening(s).

- D. Upon request, the administration shall permit parents or students over the age of eighteen (18) (or emancipated minors) to opt out of participation in the non-emergency invasive physical examination(s)/screening(s) described in this subparagraph.

VIII. School Representative to Receive Information Concerning Health Assessments:

The Board designates school nurse as the representative for receipt of reports from health care providers concerning student health assessments and oral health assessments.

Legal References:

Connecticut General Statutes

- § 10-206 Health assessments
- § 10-206a Free health assessments
- § 10-208 Exemption from examination or treatment
- § 10-214 Vision, audiometric and postural screenings: When required; notification of parents re defects; record of results

Public Act. No. 21-95, “An Act Concerning Assorted Revisions and Additions to the Education Statutes.”

Public Act No. 21-121, “An Act Concerning the Department of Public Health’s Recommendations Regarding Various Revisions to the Public Health Statutes.”

State of Connecticut Department of Education, Bureau of Health/Nutrition, Family Services and Adult Education, Cumulative Health Records Guidelines (Revised Jan. 2012), [https://portal.ct.gov/-/media/SDE/School-Nursing/Publications/CHR\\_guidelines.pdf](https://portal.ct.gov/-/media/SDE/School-Nursing/Publications/CHR_guidelines.pdf)

Federal Law:

Elementary and Secondary Education Act of 1965, as amended by the Every Student Succeeds Act, Public Law 114-95, at 20 U.S.C. § 1232h(c)(2)(C)(iii).

ADOPTED: September 13, 2021

REVISED: December 13, 2022

## NOTICE OF FREE ORAL HEALTH ASSESSMENT

The Hartland Public Schools (the "District") shall hold a free oral health assessment event for students on \_\_\_\_\_ *[insert date and time of event]* at your student's school. The oral health assessment shall consist of *[insert one of the following options depending on the professional staffing the oral health assessment event: (1) a dental examination by a dentist OR (2) a visual screening and risk assessment for oral health conditions by a dental hygienist, legally qualified practitioner of medicine, physician assistant, or advanced practice registered nurse.]* The practitioner conducting the oral health assessment shall indicate any low, moderate or high risk factors associated with any dental or orthodontic appliance, saliva, gingival condition, visible plaque, tooth demineralization, carious lesions, restorations, pain, swelling or trauma. No student shall receive dental treatment of any kind as part of the free oral health assessment event.

This event is free of charge. You may be present during the oral health assessment of your student, if you so wish. When, based on the results of the assessment and in the judgment of school health personnel, your student is in need of further testing or treatment, you will be notified by the District.

You may elect for your student not to participate in the free oral health assessment event. **If you do not want your student to participate, you must sign the form below and return that section of the form to \_\_\_\_\_ by \_\_\_\_\_. If you fail to return the form by this date, you have consented to the free oral health assessment and your student will participate. If your student does not participate in the school's event, you will be asked to provide documentation that your student has received an oral health assessment, in accordance with state law.**

If you have questions or concerns regarding the free oral health assessment event, please contact \_\_\_\_\_.

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### FREE ORAL HEALTH ASSESSMENT EVENT - \_\_\_\_\_ *[insert date of event]*

Name of student: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

As the parent/guardian of the above-named student, I elect for my student to not participate in the free oral health assessment. I understand that I will be asked by school officials to provide documentation that my student has received an oral health assessment by a qualified professional. I further understand that this "opt-out" is effective only for the free oral health assessment event being held on the date listed above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date