STATE OF NEW JERSEY
DEPARTMENT OF EDUCATION

**Annual Nonpublic School Nursing Report Form**
**Description of the Type and Number of Services Provided**
**During the 2019-20 School Year**

**Instructions**

1. The nonpublic school must fill out this form and provide to the district by **September 18, 2020**.
2. The district providing health services to nonpublic schools must submit this form annually to the executive county superintendent on or before **October 1** and shall provide a copy to the chief school administrator of the nonpublic schools within school district boundaries.

Nonpublic school name: _____
Prepared by: _____

**A. Basic Nursing Services: Number of Students Served**[1]

1. **Creation or update of student health records**, including immunization record review: number of students served (unduplicated count): _____
   **Notes:**
   - *This number is required in the Nonpublic Project Completion Report submitted by districts each fall.*
   - If number is not available, substitute the following number: Total number of students eligible for nursing services minus number of students who declined services.
2. **Assisted with medical examinations,** including dental screenings: number of students served (unduplicated count): _____
3. **Audiometric screening**: number of students served (duplicated count): _____
4. **Scoliosis examinations**: number of students served (duplicated count): _____
5. **Emergency care**: number of students served (duplicated count): _____

**B. Additional Medical Services (Provide a brief description & number of students served. Attach an additional sheet, if necessary.)**

1. Description: _____
   Number of Students Served: _____
2. Description: _____
   Number of Students Served: _____

**C. Nonconsumable equipment purchases greater than $500 (e.g., typanometer, gurney). Provide a brief description.**

_____

**D. The above is an accurate representation of services delivered during the previous school year.**

Name of nonpublic school nurse: _____ Date: _____
Signature:

Name of nonpublic school administrator: _____ Date: _____
Signature:

Name of Chief School Administrator: _____ Date: _____
Signature:

[1] If a school is not using funds for the listed activity, mark "0"