QUICK REFERENCE GUIDE Documentation of School Nurse's Evaluation for an Individualized Education Plan (IEP)



Call your Local District Nursing Services Office for assistance OR District Nursing Services-Roybal Annex (213) 202-7580

Review Policy and Procedures:

- (1) **BUL-2030.1**, Guidelines for an Individualized Health Assessment and the Participation of the Credentialed School Nurse in the Individualized Education Plan (IEP) Process
- (2) BUL-6639.0 Three-Year Review. Page 6 of 6 states that both health and academic assessment plans are required for all triennials

Nursing IEP Evaluations have 3 parts: (1) Health Screening (2) Office Visit (3) IEP document (Present Level of Performance, PLOP, Summary).

INSTRUCTIONS:

 Check Health Screening first. Before creating an Office Visit for a Health Assessment or Record Review, you MUST check if student has Screenings within one year (height, weight, dental, vision, audio). Perform screenings (Vision) and/or Hearing (Audiometry) as needed.

***The Individual Student Health Screening results information MUST be documented first before completing the Health Assessment form. This step is necessary for the screening results to prepopulate the screening fields in the Health Assessment.

- 2. The Office Visits entry is dependent on the type of IEP that is in-process, check IEP Event Listing from the Record Navigator. Refer to the SPED (Nursing) guidelines for Health Assessment for the different types of IEP evaluations.
- 3. IEP Event Listing; Check the Status column, with the IEP In-Process, click under Action column and then go to the Document Tab, Section E. Click the green plus to start a new page.

Detailed Instructions:

1. SCREENING (Health screening):

> Click on the Student Search window

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Date Posted: Tuesday August 08 2017 at 10:44am				2

Enter the student's name, Last Name then First Name and verify the school location. Click Search

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From the **Record Navigator**, **click** on the **Health Screenings** link. It will be highlighted in orange. Check the Health Screenings history, use the vision and the hearing screenings recorded within one calendar year. If there is no recorded vision and/or hearing screenings, perform vision and request for hearing screening. To document the vision screening, click on the **New button**

Student: Sample 8 Sar Client ID: SAMPLE8	mple 8 (DOB: 08
Record Navigator	â 🗘 Ren
Student Information	
Alerts	
Assessment Services	A Cab
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Case Management	* #
Consents/Disclosures	R Activ
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😲 Health Screenings	R /
IFP Event Listing	

The Screenings Details page will appear. Notice the 3 tabs at the top. The Appointment Details tab is your current view.

- The Date Event Scheduled is defaulted to display the current date. To change this date, simply click on the Welligent Date Picker and select the correct date.
- Click in the Time Event Scheduled field and enter the time of the scheduled event. Be sure to use the correct time format, (hh:mm am/pm; i.e. 09:30am) or the record will not be saved. The colon pre-fills. Notice there's no space between the minutes and am or pm.
- Click Time In to type the correct time. Click on the clock icon to the right of the field and the current time will populate. (Note: your computer must have the correct time).
- Skip Event Status field at this time until after the vision screening results have been completed. This is the second to the last step in completing the health screening documentation. The last one is the E-Signature (SSO password)

SAMPLE 8, SAMPLE 8-Health Screening Details	- Google Chrome		
welligent.lausd.net/pls/iepweb/screeni	ngeval.screendata?sid=4102583&itemid=0&log=4		
Screening		Other » Save	Print
	Details Notes/Interventions Referrals/Notes		
Details:			
Date Event Scheduled :	10-AUG-2023 🗯 *		
Time Event Scheduled:	08:00am * 🤤		
Time In :	08:00am 🥥		
Time Out :	Θ		
Event Status:	Pending Completion	~ ₫	
Other Status:			
Service Provider:	APOLONIA TOLENTINO		
Confidential:	Highly Confidential		
Screening Location:	Health Office 🗸		
Treatment Plan:	· · · ·		
Included in the IEP?	Oves ONo		

- > The Service Provider field is prepopulated with the name signed in to Welligent.
- > The Confidential Status field prefills to Highly Confidential. Click Save.
- > Next, with the Screening Navigator field still open, the Screening Areas on the right side of the page needs to be completed
- Click on the Vision Screening link

***Screen for Distance and Near vision. If needed, Color Vision.

> Documentation of Vision Screening Results

Type of Vision Screening:	Distance/Near and	Color Vision 👻 🔹		Date	/Time:	21-JUN-2024 08:00A	М		
Screening Device:		•		Visio	n Test:	HOTV	× *		
Student's Device:	None 👻 *			Grad	le when tested:	Pre-School		Lunch Program	n: Not Indicated
Results:	Passed Screening	~	 Distance 						
	Dist	ance	Near \	/ision	_				Color Vision
	Uncorrected Vision	Corrected Vision	Uncorrected Near Vision	Corrected Near Vision	Far (Hyperopia)	Near (Myopia)	Muscle Balance	Depth Perception	Color Vision
Right Eye:	Pass	20/	~						
Left Eye:	Pass	20/	~						
Both Eyes:			Pass 🗸	•	~	~	~	~	Pass 🗸
	 Unable to Condition 		Unable to Conditi	on					 Unable to Condition
Test Status/Condition:		~							
Screening Notes/Comments (200	0 Max Characters):								

a. Distance vision screening

The drop-down Results: indicates Distance vision screening result.

- a. Passed Screening: Document Right Eye, Left Eye. Use Pass or Fail on the appropriate column (1st Uncorrected and/or 2nd Corrected Vision). Complete appropriate fields.
- b. Failed Initial Screening: From the *Results* field, select *Failed Initial Screening* from the dropdown list. Document Right Eye, Left Eye. Use Fail on the on the appropriate column (1st Uncorrected and/or 2nd Corrected Vision). Complete appropriate fields.
- c. Unable to Condition: check box to indicate that the screening was completed due to several reasons secondary to the student's ability to follow directions.

b. Near vision screening: per CA guidelines, screen both eyes.

Document using the 3rd column (Uncorrected Near Vision) and/or 4th column (Corrected Near Vision)

c. Color vision screening: Document using the last column

- ✓ Complete the Screening Notes, i.e. a referral has been made and a health note sent
- Click Details (the first option on the Screening Navigator). Click on Referrals/Notes then click the second green plus sign on the right under New.
- ✓ Select *Vision Screening* report.
 - <u>The pre-filled vision screening follow-up letter will appear</u> defaults to the current date. The date may be changed by typing inside the date field
 - Click Save; Click Print to preview; Click Print again. The printer dialogue screen will appear. Click print one more time.
- If other screenings like Height/Weight were done during the same session, click the appropriate screening type from the Screening Navigator to document.
 - > Click Details to mark the health screening entry Completed and E-Sign

O Details:		
Date Event Scheduled:	26-Mar-2024 •	
Time Event Scheduled:	08:00AM •	
Time In :	08:00am 🕐	
Time Out :	08:15AM	
Event Status:	Completed	ੱ ਡ
Other Status:		
Service Provider:	APOLONIA TOLENTINO	
Confidential:	Highly Confidential 👻 🔸	
Screening Location:	Health Office 🔍	
Treatment Plan:	v @	
Included in the IEP?	●Yes ONo	
Education Program(1):	×	
Education Program(2):	v	
Education Program(3):	v	
Provider E-signature:	Ger account password required upon completion	

> Click Health Screenings to return to the Record Navigator.

2. HEALTH ASSESSMENT (OFFICE VISIT)

- > With the Student Record still open, click on the Office Visits link from the Record Navigator
- From the Search Criteria, select the Type of Primary Care Visit, Select the appropriate type of IEP (IEP Initial Health Assessment, IEP Annual Health Assessment, IEP Amendment Health Assessment, IEP Triennial Health Assessment) and then click NEW.
 - a. Complete the Encounter Administration section.
 - o Date Event Scheduled: defaults to current date. Use date picker to enter correctdate.

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- **Time Event Scheduled**: defaults to current time. Enter correct time (using format HH:MMAM/PM)
- Time In: defaults to current time. Enter the correct time or click the clock icon.
- o Time Out: complete after the Activities tab has been completed
- Event Status: leave status as *Pending Completion* until after the *Activities* tab has been completed
- Complete the Office Visit Details
- o In the Type of Office Visit field, verify if the appropriate type of IEP was selected, for example, Triennial Health Assessment
- o In the Referral Source field click on the drop-down arrow and select Family/Parent.
- In the *Primary Health Problem* field, **click** on the drop down arrow and **select SpecialEducation**.
- o Click in the Complaint/Reason textbox field and type the kind of IEP. (i.e. Initial Health Assessment)
- o The Confidential Status field defaults to Highly Confidential
- Click Save and OK to the message

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Student: Misis Sample (DOB: 01-0	Oct-2012) (Grade:01st) (School:Lausd Central Office)				Action	4
Client ID: 1516968						
🐨 🖬 Office Visit Details				Other »	Save Print	^
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Encounter Administration	1					
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Date Event scheduled *	06-SEP-2017		Time Event Scheduled	TEODAM	0	×
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Provider E-signature:	User account password required upon completion					
Office Visit Details						
Type of Office Visit:	IEP Triennial Health Assessment 🕑 *					
Referral Source:	Family/Parent	Primary Health Problem:	Special Education	× •		
Secondary Health Proplem:		Tertiary Health Problem:		~		
Complaint/Reason:	Three-year IEP Health Assessment	History:				
Confidentiality Status:	Highly Confidential	Educational Materials Provided				
Treatment Plan:		Included in the IEP?	(eyes) ONo			
Summary Record Requested:			\bigcirc			

• Click Yes for the Included in the IEP field. DO NOT LEAVE this field blank. Make sure to click Yes.

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Date Event Scheduled	06-SEP-2017		Time Event Scheduled:	11:00AM	• 0	
Time In :	11.00AM Q		Time Out :	02:21PM	0	
Event Status:	Completed] ज	Other Status:			
Staff Person:	APOLONIA TOLENTINO U		Followup Office Visit			
Draft						

o Click Activities tab

b. Completing the Activities Tab

The Activities screen for IEP office visits is different from the other office visits. The first section contains the Last

Screening results (this the rationale for entering the screenings before starting the health assessment office visit).

- ✓ IEP Health Assessment: Current Informant; Relationship and/or Translator's name (if applicable)
- ✓ Click the green plus to open each section. DO NOT LEAVE any field blank.
- ✓ Developmental History (for Initial assessment only)
- ✓ Health History
- ✓ Health Assessment
- Complete the appropriate text areas. The information that has been gathered from the parent interview, student observation, school, and health/medical records.
- ✓ If there is not enough room in the text boxes for the information, it can be included in the comments or summary box at the end of each section. These can contain up to 1000 characters.
- To view/print a copy of the IEP Health Assessment report, click on Print.

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er Maintenance Sample, Misis 🛪			Welcome back, A	polonia Tolentino! 😋
Student: Misis Sample (DOB: 01-Oct-2012) (Grade:	11st) (School:Lausd Central Office)			Action
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	Details Physical Exam Assessment Diagnosis Activities Outcomes	Referrals/Notes		
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Height/Weight None Ava	lable NA			
vision: 02-Aug-2	17 Passed Screening			
Referrals:				
IEP Health Assessment				
Current informant(s):	•			
Relationship:	•			
Translator's name (if applicable):				
 A) Developmental History (for Initial assessment only) 				
B) Health History				
C) Health Assessment				
4) Activities of daily living (ADL):	•			
-Summarize (include toileting, feeding, use of hands and an	ns):			
5) Mobility:	× *			
6) Additional referrals:				
7) Comments:				

When completed, click the **Details** tab to update the Office Visit Event Status to Completed and enter password inside the E- Signature box and **Save**. Otherwise, if it's not completed, leave the status to

er Maintenance Sample, Misis 🗙			Welcome back, Apolonia Tolentino! 😋 🕻
Student: Misis Sample (DOB: 01-	Dct-2012) (Grade 01st) (School Lausd Central Office)		Action •
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	Details Physical Exam Assessment	Activities Outcomes Referrals/Notes	
Encounter Administration			
Date Event Scheduled :	06-SEP-2017	Time Event Scheduled:	11:00AM • 🔾
Time In :	11:00AM	Time Out :	٥
Event Status:	Pending Completion	Other Status:	
	APOLONIA TOLENTINO Q	Followup Office Visit:	
Staff Person:			
Staff Person: Draft:			

Pending Completion until all information has been entered.

NOTE: Any office visits marked "Completed" will be locked with no possibility of unlocking it within two weeks.

3. PRESENT LEVEL OF PERFORMANCE (PLP): Summary of the Health Assessment

From the Record Navigator, click the IEP Event Listing. From the list of student's IEPs, notice the Meeting Date and Status. Select the appropriate IEP Meeting Date with In-Process status by clicking the type of the IEP from the Action column for example, Review - Three Year Evaluation

Daily Log Sample, Sample, Sample, Sample, Sample S ×						Welcome back, Apolonia Tolentino! 🖉 🛛 Suppr							
(Student: Sample Sample (DOB: 04 Client ID: LAUSD 12 🚫	-Aug-2004) (Grade:06th) (Scho	ool:Lausd Central Office)					Action -	4	4		
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Note: The student's IEP from the **My Toolbox** or **Welligent > My IEP Summary** provided that your name has been added as a participant. Here, you may see several students' names. Click the specific student's name to open the IEP document.

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Ta	sk	Date Due	Student		Student		Type of IEP		Date Due			
				^	TESTER CANNOT US		Review or Re-evaluation	n	02-Apr-2016		^	曲
					SAMPLE03 SAMPLE0	3	Review or Re-evaluation	n	26-Jan-2017			
					SAMPLE SAMPLE10		Review or Re-evaluation		in 01-Mar-2013			245
					WILLIAM SHAKESPE	ARE	Review or Re-evaluation	'n	29-Jul-2015			
					SEV WELLIGENT		Review or Re-evaluation	'n	21-Feb-2014			67
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Look for Section E: Present Level of Performance. Click the green plus to add additional page

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Student: Sample (DOB: 04-Aug-2004) (Grade:06th) (School:Lausd Central Office)										
٠	ABC IEP Details - Assessm	ent, Evaluation & PLP			Reports	Notify Participants	Save	Close		
4	IEP Navigator	IEP Documents			Prin	t IEP (English) Pri	nt IEP (Spanish	i) Refresh		
A	IEP Documents	1 This formset contains errors that will prevent this IEP from being made active. Click the icon on the left to view these errors or click here to generate a printable version of the errors.								
	+ Student Info.	Document	CheckIn/Out	Status	Created By	Date Modified	Modifie	d By Erro	s M	
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In completing the IEP document, Section E, refer to the SPED nursing guidelines on Present Level of Performance. **Performance Area**: Health

Assessment/Monitoring Process Used: Record Review or Health Assessment, Screening, Interview with parents State/District Assessment Results: Enter *n/a*

NOTE: School Nurses MUST ask for assistance from Region Nursing Office when completing a PLOP for a student with Protocols or if unsure)

General Format of a Present Level of Performance (PLOP): For guidelines on contents, refer to SPED nursing guidelines

- I. Health Summary
- II. Strength
- III. Area of Need
- IV. Impact of Disability
- V. Accommodations/Modifications

***Each PLOP must have the School Nurse's name with title and date.