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A description and evaluation of the school health services of Stockton Unified School District

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A DESCRIPTION AND EVALUATION OF THE SCHOOL HEALTH SERVICES OF STOCKTON UNIFIED SCHOOL DISTRICT

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CHAPTER I

INTRODUCTION

Statement of the Problem

This study, concluded in the school year 1961-62, was made to determine how well the health services that were available to the schools of the Stockton Unified School District met the needs of the children attending those schools.

It was a further purpose of this study to obtain answers to the following questions: (1) What health services were available to the schools of the Stockton Unified School District? (2) How did the health services that were available to the schools compare with accepted standards, as approved by recognized authorities in the fields of public health and public school health? (3) How well were the available school health services understood by the teachers and administrators of the local school system? (4) What improvements or extensions of the present school health services were indicated by the findings of this study?

Importance of the Study

Because the efficient and effective education of a child is so directly dependant upon his physical, mental and emotional health, it was of vital importance to the Stockton

Unified School District that the procedures for meeting the health needs of its students be constantly and critically evaluated.

Methods and Procedures

The extent and scope of the health services offered by the local schools were determined by a series of structured interviews with Dr. Jack J. Williams, Chief Health Officer of the San Joaquin Local Health District (referred to in this paper as the Doctor), and with Stockton Unified School District personnel as follows: Charles Trowbridge, Consultant in Health, Physical Education and Recreation (referred to hereafter as the Consultant); Roger M. V. Walton, Director of Special Education (referred to hereafter as the Director) and Michael Garrigan, Co-ordinator of Athletics (hereafter referred to as the Co-ordinator).

Questionnaires were developed and sent to all school principals of both elementary and secondary schools in the school district seeking information relative to the details of the health services and the problems of administering the program. A companion questionnaire asking about the details of the health services and inquiring about the effects of the health services on the students was developed and sent to a representative sampling of elementary school teachers and to all

secondary teachers of physical education and health courses.

Nature of the School District

Stockton Unified School District was organized on the 6-3-3-2 plan. The elementary schools had classes ranging from the kindergarten through the sixth grade, the junior high schools had grades seven through nine, the senior high schools grades ten through twelve, and the junior college grades thirteen and fourteen.

Schneider Vocational High School was a special kind of school for students in grades nine through twelve whose needs were not adequately met by the programs in the regular high schools. One segment of the students consisted of those who were employed but were under the age of eighteen, and were therefore required by law to attend school a minimum of four hours a week. If such a student lost his job, the law then required him to attend school full time and he was permitted to remain in this school rather than be transferred to another high school. Another group of students were those who needed a more individualized type of program than was available to them in the larger high schools. Adults who could attend day classes and who wanted to obtain their high school diplomas composed another part of the student body. Many other students were enrolled in various types of vocational classes such as cosmetology,

business machines, typing and shorthand.

The attendance area of the Stockton Unified School District included the entire area within the city limits as well as a small area outside these boundaries.

According to San Diego City Schools Research Department Report No. 15, revised January 15, 1962, the Stockton Unified School District was the ninth largest school district in the state of California, with an enrollment slightly in excess of 31,000. According to this study, the twenty largest school districts in the state had a median assessed valuation of $13,831 per unit of average daily attendance. Stockton ranked eighteenth among these school districts with only $8,183 in assessed valuation per unit of attendance, which was 40.8 percent below the median. These statistics would indicate that Stockton was a relatively poor school district.

Stockton had a large number of people of various minority groups. According to information obtained from the Stockton City Planning Commission, 8.5 percent of the city's population was negro and 7.4 percent was composed of other non-caucasian races, with the remaining 84.1 percent of the people being classed as white. These national or racial groups had a tendency to concentrate in certain sections of the city with others of their kind. This helped them to preserve parts of their own culture but retarded their assimilation into the greater group of the citizenry. Such

conditions also caused concentrations of health problems because these groups were slower to accept newer standards of diet, sanitation, general cleanliness or medical care. Proof of this was found in the statistics that in 1950 there were 43.7 deaths from tuberculosis per 1,000 residents in San Joaquin County as compared with a national average of 15.2 per 1,000 inhabitants.[1]

Nature of the Health District

The boundaries of the San Joaquin Local Health District were the same as the boundaries of San Joaquin County. About ten percent of health district funds were derived from state and federal allocations. Some fees were charged for copies of vital statistics records and for milk inspection, but the health district was basically financed by reason of their legal right to levy a special tax not to exceed fifteen cents per $100 of the assessed valuation of all real and personal property in the county.

The San Joaquin Local Health District was unique in that it was a separate governmental body and not simply one department of the county government as was the case with every other health district in California.

The health district was governed by a Board of

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[1]United States Bureau of the Census, 1950, Characteristics of the Population, Vol. II, Part V, (Washington: Government Printing Office, 1952), p. 158.

Trustees of seven members; one appointed by each of the city councils of Stockton, Lodi, Tracy, Manteca, Ripon and Escalon and one member appointed by the San Joaquin County Board of Supervisors to represent the unincorporated area of the county. Each member serves for a term of four years but the terms were staggered so as to provide continuity of management. This board employed a chief health officer and other personnel upon his recommendation. The board set policies for the health district and approved the annual budget. This governing body was organized with one of the members selected as president and another as secretary.

Definition of Terms Used

In this thesis, the following terms are used within the meanings given below:

Health has been defined as ". . . that quality of physical, emotional and mental well-being which enables one to live effectively and enjoyably."[2] As used in this thesis, health includes mental and emotional balance as well as freedom from pain and disease.

The Public Health Program includes all of society's organized efforts to deal with the problems of disease prevention, life extension and the promotion of well-being.[3]

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[2]C. L. Anderson, School Health Practices (St. Louis: The C. V. Mosby Company, 1956), p. 36.

[3]Ibid., p. 37.

The School Health Program, as used in this study, means the prepared course of action taken by the school in the interest of the health of the school child and the school personnel. It includes health services, health instruction and healthful school living.[4] Inasmuch as this thesis is limited to the health services aspect of the school health program, no analysis will be made of the health curriculum or the environmental aspects of the total school health program.

School Health Services are the procedures established: (1) to appraise the health status of pupils and school personnel, (2) to counsel pupils, parents and others concerning the appraisal findings, (3) to encourage the correction of remediable defects, (4) to assist in the identification and education of handicapped children and (5) to provide emergency service for injury or sudden sickness.[5]

Health Appraisal is the process of determining the total health status of the child through such means as health histories, teacher and nurse observations, screening tests and medical, dental and psychological examinations.[6]

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[4] Ibid., p. 36.

[5] National Education Association, School Health Services: A report of the Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association (Washington D. C., 1953), p. 5.

[6] Ibid., p. 7.

CHAPTER II

REVIEW OF THE LITERATURE

It was the purpose of this chapter to summarize the most recent publications related to the area of this study. In considering the problems of evaluation, it was logical to delineate the field to be covered. In this connection, Elizabeth Avery says:

> If the major objectives of school health services are recognized as health maintenance and health improvement, attention should be given, not only to the control of communicable disease and emergency care, but also to adequate health examinations, health counseling, and the correction of remediable defects.[1]

The Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association[2] published a report in 1956 that contains many recommendations covering the scope and organization of a good school health services program.

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[1]Elizabeth Avery, "Health in the Elementary School", Twenty Ninth Yearbook of the National Elementary Principal, National Education Association, Vol. XXX, No. 1 (Washington, D. C., 1950), p. 102.

[2]National Education Association, Suggested School Health Policies, A report of the Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association, Third Edition (Washington, D. C., 1956), pp. 1-33.

According to this report, school health service policies should be stated in written form and all school personnel active in these services should be made familiar with approved procedures.

These experts advised that a cumulative health record be kept for each student and that this record should follow him throughout his educational career. To quote:

> In order to meet the educational and health needs of children and youth, it is necessary to secure and record essential information concerning their physical, mental and emotional condition, present and past.[3]

According to their statement, the observations by teachers who understand child growth and development and who know the characteristics of health are vitally important and should be recorded in this health record. The statement was made that such observations were often more meaningful than an occasional medical examination by a physician.[4]

This committee recommended that the simpler screening tests be conducted by teachers, such as weighing and measuring and the use of the Snellen Chart for vision testing, but that the audiometer be used only by specially trained personnel. All screening test results should be recorded in the cumulative health record and should be referred to frequently by the teacher and other health

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[3] Ibid., p. 15.

[4] Ibid.

services personnel. When such tests disclose health problems, there needs to be effective follow-up procedures to assure that proper steps are being taken to remedy the defects. If parents cannot obtain the proper treatment, then the school is obliged to see that this care is made available from other sources. When parents can afford the treatment necessary and are willfully negligent in doing so, it is the obligation of the school to report the case to the appropriate child welfare agency.[5]

This report indicated that dental decay was the most common defect among school children. Schools were urged to encourage children to visit their dentist at least once a year as a matter of regular practice. The dentist could then decide when more frequent visits were necessary. School dental inspections should be made at school by a dentist or a dental technician.[6]

It was recommended by this group that whenever emotional difficulties or mental illnesses were involved, medical supervision and psychiatric consultation were essential. Whatever the nature of a health problem that had been identified in a child, the school was under obligation to convey this information to the parents; preferably by means of a conference with the teacher and/or the nurse.[7]

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[5] Ibid., pp. 16-21. [6] Ibid., p. 18.

[7] Ibid.

This bulletin[8] contained a number of additional items that should be included in any good school health services program:

1. Every school should have a planned written program for the care of emergency illnesses or injuries so that teachers will be able to take the proper action without delay.

2. Those who are charged with the administering of first aid to the students should be adequately trained.

3. First aid supplies and equipment should be strategically located and readily available at all times.

4. There should be a definite written plan of action to be followed in the event a child appears to have a contagion.

5. There should be an effective immunization program that is thoroughly understood by both parents and students.

6. It is important to have definite policies governing the return to school of children who have been absent because of illness.

7. Certain information relating to every student should be at hand in the school office such as the home phone number, the name and phone number of the family physician, the name and phone number of a relative or close friend who can be called in an emergency when the parents cannot be contacted and a signed statement from the parent

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[8] Ibid., pp. 1-24.

or guardian giving permission to the school to take certain stated actions in the event of serious accident or illness if the parents cannot be located.

8. Special educational programs must be developed to meet the needs of children with severe health problems.

9. Adaptations should be made in the regular classroom, whenever possible, to meet the special health needs of the students.

10. Special classes or, at least, special periods should be provided for pupils who need lip reading or speech correction.

11. Provision should be made for the regular instruction of hospitalized children and those who are home-bound because of physical disabilities.

12. Special classes for handicapped children should be under the direction of specially trained teachers.

13. Health examinations should be made by the family physician or dentist.

The National Council of Chief State Health Officers[9] issued a booklet in 1951 dealing with the school health services that should be provided and suggesting ways in which state and local officials could most effectively

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[9]National Council of Chief State Health Officers, Responsibilities of State Departments of Education and Health for School Health Services (Washington: Government Printing Office, 1951), pp. 15-36.

work together to meet these needs. This booklet emphasized that educators and health experts both had contributions to make in planning and operating a health services program for school children. A further factor that must be considered in planning such a program is that, because of heredity and environment, the school health program must be based on community conditions and must use community resources to be fully effective. The report contained this statement:

> School health services should be jointly planned by departments of education and health with representatives of the health and education professions, voluntary agencies, and other groups that have a continuing interest in the health of school age children.
>
> A most important factor in a successful school health program is the co-operative leadership by both educational and health administrators and their mutual interest in achieving their common goals.

This document stated that, in addition to the vital teacher observations of a student's health, it was important that he have periodical medical examinations. As a minimum, a child should have such a check-up before entering school, upon teacher or nurse referral thereafter and when a pupil transfers into a school without bringing a medical or health record with him. Arrangements should be made by the school for examinations of all pupils who cannot have it done at their own expense.[10]

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[10] Ibid., p. 18.

Another recommendation was that, when a health problem is discovered in a pupil, a conference should be held with the parents or guardians as soon as possible. At this conference, a plan of action to get needed treatment for the pupil should be agreed upon and the nurse should plan a follow-up home visit to assure that the plan has been put into action. School health personnel should know what services are available free to children from low income families and should make arrangements to get such help when necessary.[11]

The authors of this booklet urged that the school create and maintain a cumulative health record for each pupil that should contain all significant health information, whether discovered at school or elsewhere. This record should be accessible for use by teachers, health service and guidance personnel.[12]

It was further stated in this study that it was the responsibility of the school to make such adjustments in its curriculum and facilities as were necessary in order to meet the needs of the pupils with physical, mental or emotional health problems. It was considered to be the responsibility of school health personnel to interpret the health needs of such pupils to the school authorities and to help plan any desirable adjustments in curriculum or services.[13]

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[11] Ibid., pp. 22-23.

[12] Ibid., pp. 20-21.

[13] Ibid., pp. 35-37.

According to this group, every school should have planned, written policies for emergency care which should be clearly understood by all school personnel. These policies should be approved by the board of education, the health department and the medical and dental societies. In case of an emergency, the school was responsible for giving necessary immediate care until the parents could take the responsibility or until the physician was available. The program of emergency care should include policies for all aspects of injuries or illnesses that are likely to occur to children at school. One of the most important items was considered to be the ready availability of an adequate number of people trained in the administration of first aid who knew the proper techniques of caring for children who became suddenly ill or were injured while at school.[14]

It was considered essential by the authors of this publication that the school should have specific directions for reaching the parents without undue delay and, in the event the parents could not be contacted, written permission to take certain action in cases of emergency. The school should have the telephone number of the family physician and the telephone number of the hospital of the parent's choice.[15]

There should be plans for transporting pupils home or to a source of medical attention. The school should also be

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[14] Ibid., pp. 27-29.

[15] Ibid., pp. 28-29.

prepared to guide the parents to emergency treatment facilities when this is necessary.[16]

First aid kits should be strategically located and properly stocked with ample supplies.[17]

Parents should be encouraged to use the local immunization program for the protection of their children; to get their booster doses after the proper time intervals. School authorities have the responsibility to protect children at school from exposure to communicable disease by isolating any child who appears to have a contagion and by proper supervision of adequate regulations governing the return to school of children who have been absent from illness.[18]

School officials were reminded of their responsibility to protect the health of students by employing and retaining only physically and mentally healthy employees, both certificated and non-certificated. An adequate plan of sick leave and vacations with pay should be provided so that school employees will not be tempted to be on the job when they are ill and thus pass on their infections to the pupils.[19]

In the final chapter of this publication, the authors made this comment:

> It is the responsibility of the school administration to see that the school health services are arranged for and maintained at a satisfactory performance level.

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[16] Ibid., p. 29

[17] Ibid.

[18] Ibid., pp. 30-31.

[19] Ibid., pp. 33-34.

> It is also the responsibility of the health administration to see that school health services, which are a part of the community health program, are provided at a continuing and satisfactory level. The inspection and review of these services, as measured by the developed standards, under present day conditions must be the function of that agency which is capable of meeting the objective.[20]

The American Public Health Association has offered some suggestions for health services in secondary schools. According to this publication, there should be a school health council to formulate policies and to establish procedures. The membership of such a council should include representatives of all groups in the community that are actively interested in school health.[21]

This article also questions the value of periodical medical examinations and suggests that better results, for the expense involved, could be obtained from an initial examination at the time of first enrollment in school with subsequent medical checks on the basis of referrals by the teacher or the nurse. They further recommended that participants in interscholastic athletic competition be examined before the beginning of the season, whenever there is unusual appearance or behavior and at the end of the

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[20] Ibid., pp. 43-44.

[21] American Journal of Public Health Yearbook, "Suggested Standards for Health Services in Secondary Schools", Vol. 42, No. 5 (New York City, May 1952), p. 142.

competitive season.[22]

It was also suggested in this study that hearing and vision screening tests be given annually and that there be an effective follow-up policy on those students who have a loss of aural or visual acuity, as shown through the results of such tests.[23]

In the very special and important field of emergency care, the California Medical Association, at its first conference on physicians and schools, adopted several recommendations. They wanted all school accidents recorded and analyzed to see if there were preventive measures that should be taken. The conference also urged that every school district have written specific procedures to be followed in cases of emergency illness or accident. All school personnel actually administering first aid should be required to have adequate training in the proper techniques. Whenever a child becomes ill or is injured at school, the parents should be notified as soon as possible.[24]

Some general criteria for physical education programs have been established by the United States Office of Education. Space and apparatus should be suitable for the age group being served. Physical education activities

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[23] Ibid., pp. 114-145.

[24] California Medical Association, First Conference on Physicians and Schools, San Francisco, California, 1954, pp. 55-56.

should be carried on under safe and healthful conditions and the teachers should be trained to observe children daily for signs of physical defects or communicable disease.[25]

In an article in the Journal of School Health, some standards were published regarding the proper use of the school nurse's time. This author thought it proper to have the nurse assist the teacher in preparing the students for screening tests. It was the opinion of this authority that the nurse's time would be more effectively used in counseling with teachers and parents and with making home visits and follow-ups on students who have been referred to their parents for treatment of some health problem. According to this article, it was permissible for the nurse to make talks to classes, but that more good would be accomplished if she were used as a resource person to help teachers understand health problems and procedures and to aid in planning health units for presentation in the classrooms.[26]

On the subject of what to evaluate, the American Association of School Administrators, in their Twentieth

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[25] Ibid., pp. 22-23.

[26] Mary B. Rappaport, "Co-operation of the Nurse and Teacher in the Health Program in Small Communities", The Journal of School Health, Vol. XXVII, No. 2, (February, 1957), pp. 48-52.

Yearbook, had this to say:

> Information on the number of children receiving medical examinations or even the number with various defects or other health needs is not sufficient. Evaluation should relate directly to the stand of the program, and should indicate the extent to which objectives are being attained. It should measure the contribution of the program to the teachers' understanding of their pupils, the effectiveness of procedures aimed at helping children to obtain needed treatment, the extent to which modified educational programs have been made available to children with special health problems, and the degree to which the program is contributing to pupils' health education.[27]

To support his contention that the exact measurement of a health services program is a difficult process and that the results would be hard to defend, Anderson says:

> Very few things in this life can be proved. The best we usually can do is to present evidence. This should be kept in mind as a guide in the selection and use of any evaluation instrument because the instrument is merely a device for obtaining evidence.[28]

He further commented that, ideally, a scale should measure the results of the health program. This would, of course, mean an improvement in the health of succeeding generations of children. It was his premise that when

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[27]American Association of School Administrators, a Department of the National Education Association, Health In Schools, Twentieth Yearbook, Revised Edition, 1951 (1201 Sixteenth St., Northwest, Washington, D. C.), p. 267.

[28]Anderson, op. cit., p. 479.

school health programs were achieving their basic objectives, certain practices, procedures, standards, activities and facilities were usually present.[29]

This authority uses the term "evaluation" to mean appraisal, assessment or measurement in its broadest and most complete sense. According to him, the purpose of evaluation must be to determine the effectiveness of all phases of the school health services program. In general terms, a good measuring instrument should be both a progress report and an inventory. It should reveal both strengths and weaknesses.[30]

In summarizing the problem of selecting or devising an evaluation instrument, he says:

> Because of the number of factors in the health program which must be evaluated, the variety of conditions and situations under which evaluating must be done, to set up a step by step procedure which will serve all purposes obviously is not possible.[31]

Because of the conditions described above, there was very little literature available dealing with ways and means of evaluating school health services. However, the writer did find several different measuring instruments that will be described below.

In his book, School Health Practice, Anderson[32]

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[29] Ibid., p. 485.

[30] Ibid., p. 477.

[31] Ibid., p. 478.

[32] Ibid., pp. 538-542.

published a "School Health Program Evaluation Scale" that included a section devoted to school health services. In this measuring device, a certain maximum number of points was assigned to each service performed. The number of points given was dependant upon the percentage of times the particular standard was met in practice. A total of 350 points was divided among 87 criteria, with the number of points per item varying from 2 to 15, according to the importance attached by the author to each.

The American Public Health Association published an Evaluation Schedule for use in the study and appraisal of community health problems. The procedure used in this instrument was to divide the number of times a service had been performed by the number of students in the school system and to compare this quotient with a table that had been established as a desirable standard.[33]

The Joint Committee on Health Problems in Education had the following to say about evaluation procedures:

> Comparison of practices with recommended standards is an evaluation technique that is readily applied to such aspects of school health services as equipment, facilities and personnel. . . . The facilities for school health services and the equipment and procedures used to test visual and auditory acuity may also be

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[33]American Public Health Association, Committee on Administrative Practice, Evaluation Schedule, (1790 Broadway, New York 19, N. Y.), July 1947.

compared with recommended standards.[34]

The above report goes on to say that practices employed in health appraisal and health counseling, in caring for emergencies, in controlling communicable disease, in adapting educational programs to meet individual needs of students and those relating to the health of school employees can be evaluated in the same manner.

The Bureau of Health Education, Physical Education and Recreation of the State Department of Education[35] issued an evaluation instrument in 1957 that was, in part, adapted from material developed by the Ohio State Department of Education and the Ohio State Department of Health. This device uses the method recommended in the preceding paragraph. It calls for "yes" or "no" answers to questions asking whether desirable facets of a school health services program are in operation. The standards were divided into several categories.

Under the heading 'Total School Health Program', questions having to do with administrative responsibility,

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[34]National Education Association, School Health Services: A report of the Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association (Washington, D.C., 1953), p. 401.

[35]Bureau of Health Education, Physical Education and Recreation, California State Department of Education, How's Your School Health Program? (Sacramento, Calif., 1957).

planning, interpretation of the program, the use of community resources and the provision of in-service training were listed.[36]

Questions pertaining to the availability of health consultation services, the qualifications of personnel who are active in the health services, the provision of nursing services and co-operation between the school, the health department and the local medical authorities were asked under the caption 'School Health Services'.[37]

The section 'Health Appraisal' contained questions dealing with health examinations, follow-ups, use of the school nurse, teacher nurse conferences, screening tests and teacher observations of pupil health.[38]

Inquiries relative to conferences with parents, cumulative health records and the use of these records were grouped under 'Health Counseling'.[39]

Another area, 'Communicable Disease Control' included questions on the handling of children with communicable diseases, the immunization program and the detection and control of tuberculosis.[40]

The 'Emergency Care Program' section included first aid policies and procedures, the delegation of direct

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[36] Ibid., pp. 2-3.

[37] Ibid., p. 4.

[38] Ibid., pp. 5-6.

[39] Ibid., pp. 6-7.

[40] Ibid., pp. 7-8.

responsibility for performing first aid services, prior parental approval for emergency care, the easy availability of well-stocked first aid kits, the transportation of ill or injured pupils and the analysis of the causes of accidents at school.[41]

Queries about drinking water, toilet facilites, hot school lunches, the study of safety hazards, the health examination of adult school employees, including chest x-rays, were gathered under 'Specific Selected Items'.[42]

SELECTION OF EVALUATIVE CRITERIA

From the foregoing literature the writer selected 64 criteria as valid measures of the effectiveness and adequacy of the school health services of the Stockton Unified School District. Most of the standards were either taken directly or re-phrased from the California State Department of Education's Bulletin referred to on page 23 of this study.[43]

It was the judgment of the writer that this type of measuring device would best indicate how well the existing health services were meeting the needs of the pupils. Re-enforcing this judgment was the fact that the

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[41] Ibid., p. 8

[42] Ibid., pp. 10-11.

[43] Ibid., pp. 2-11.

State Department of Education had chosen this kind of a device for circulation to all the school districts in California and the further knowledge that this instrument has been widely used in other states, either as printed or as the basis for building an evaluation device that would fit a particular situation. The policy statements were divided into the following categories: (1) Organization and Administration, (2) Health Appraisal, (3) Health Consultation, (4) Communicable Disease Control, (5) Emergency Care, (6) Special Education Services, (7) School Employees and (8) Interscholastic Athletics.

Organization and Administration

1. There should be an over-all school health council or committee of teachers, administrators, health specialists and representative of community groups to help plan and co-ordinate the school health services program.

2. Local physicians and dentists should participate in planning the school health services.

3. There should be a written school health services guide that should be familiar to all teachers.

4. There should be a written school district policy governing emergency care of illnesses and injuries.

5. There should be a written school district policy governing the liability of school personnel in cases of emergency illness or injury to a student.

6. There should be a written school district policy concerning the transportation of ill or injured pupils when the parents cannot come to school for them.

7. The school administrator should assume direct responsibility for the administration of school district policies relating to the emergency care of illnesses and injuries.

8. The school administrator should assume the responsibility for acquainting all teachers with the nature of their liability in cases of emergency illness or accident to a student.

9. There should be a planned program for interpreting the school health services to parents, private physicians and dentists and to other interested community groups.

10. School health services should be carefully interpreted to all members of the school staff.

11. Records should be kept of all accidents that occur at school.

12. An evaluation should be made periodically to try to determine the causes of school accidents.

13. Provision should be made for periodic evaluation and improvement of the school health services.

Health Appraisal

14. Teachers should make daily recorded or unrecorded

health observations of their pupils.

15. The cumulative health record should be kept as a part of the total cumulative record of each pupil.

16. Health facts should be recorded in the cumulative health record in language that can be readily understood by the teacher.

17. The cumulative health record should include the results of health appraisals, immunization status, screening tests, weighing and measuring, notes on any special health problems and the follow-ups of those problems.

18. The cumulative health record should be readily available to the school administrators, teachers, counsellors, the school nurse and physicians.

19. The health record should accompany the student if he transfers from one school to another.

20. Annual vision screening tests should be conducted for all pupils.

21. Pupils failing any part of the vision screening test should be retested by the nurse before being referred to their parents to have further testing done.

22. Annual hearing screening tests should be given to all pupils in the elementary grades.

23. Hearing screening tests should be given every two years to students in the secondary schools.

24. Hearing screening tests should be administered by a certificated audiometrist.

25. Pupils failing any part of the hearing screening test should be retested before being referred to their parents to have further testing done.

26. There should be prompt and continuing follow-up on recommendations for correcting any defect found in a pupil until the recommended treatment has been completed.

27. Provision should be made for needed medical examinations of children whose parents cannot pay for them.

Health Consultation

28. Arrangements should be made for school nursing services.

29. Parents and teachers should be kept informed of the results of health appraisals and their responsibility in carrying out certain phases of the recommendations.

30. Provision should be made for parents to visit the school for conferences with the teacher and/or the nurse concerning the health needs of their children.

31. Nurse-pupil, nurse-teacher and nurse-teacher-parent health conferences should be based upon up-to-date cumulative health records.

32. The school health program should emphasize the importance of having the family doctor perform the needed medical examinations whenever possible.

33. Provision should be made to secure needed medical care for pupils when the parents cannot pay for it.

34. Provision should be made for dental examinations for children whose parents cannot afford to pay for them.

35. The school health program should emphasize the importance of prompt correction of dental defects.

36. Provision should be made to secure dental care for children whose parents cannot afford to pay for it.

Communicable Disease Control

37. There should be written policies regarding the exclusion and re-admission of ill children.

38. Suspected cases of communicable disease should be reported to the local health department.

39. Definite policies should be established for the care of ill children awaiting removal to their homes.

40. There should be a place where ill children can be isolated while awaiting removal to their homes.

41. There should be an immunization program planned co-operatively with the health department and the local physicians.

42. There should be a specific program for the detection and control of tuberculosis.

Emergency Care

43. Written agreements with parents concerning procedures to be used in emergencies should be obtained at the time the pupil enters school.

44. The actual administering of first aid services

should be delegated to qualified persons in each school.

45. Persons administering first aid should be required to have adequate first aid training and to keep up to date when new techniques are developed and accepted.

46. First aid kits should be easily accessible and should be inspected periodically to see that they are properly equipped.

Special Education Services

47. Special classes to meet the special needs of pupils with physical, mental or emotional problems should be provided.

48. Psychiatric consultant help should be available to teachers and administrators to identify those pupils who have emotional problems and to give teachers help in planning to meet the needs of those pupils.

49. Sufficient counseling time should be available to help teachers, children and parents work out procedures to help pupils with emotional problems.

50. The nature and extent of a pupil's physical, mental or emotional handicap would be determined by a committee of appropriate educational and medical specialists.

51. The active co-operation of the parents should be solicited in setting up any needed educational adjustment program for a handicapped pupil.

52. There should be a continuing parent-education program in the areas of special education programs that are operated by the school district.

53. Special classes should be provided for children with intelligence quotients below 70.

54. All special education classes should be in charge of properly credentialed teachers.

55. In-service training should be provided for the teachers in the areas of special education programs that are operated by the school district.

56. Pupils in special classes should join with pupils in normal classes whenever feasible.

57. Teachers should be provided for those children who are hospitalized or home-bound because of physical ailments.

School Employees

58. All school personnel, both certificated and non-certificated, should be required to have a complete medical examination prior to being hired by the school district.

59. All school district personnel should be required to have an annual chest x-ray.

60. Adequate provision should be made for sick leave with pay for school employees.

Interscholastic Athletics

61. Students should be required to pass a careful medical examination before engaging in inter-school athletics.

62. A student should be required to successfully pass a thorough medical examination after an injury before resuming inter-school athletic competition.

63. A doctor should be in attendance at all inter-school football games.

64. Provision should be made to pay the cost of medical care for a student who is injured in an inter-school athletic contest.

CHAPTER III

OVERVIEW OF PRESENT STOCKTON SCHOOL HEALTH SERVICES PROGRAM

The purpose of this chapter was to present the existing program of health services in the Stockton schools. In order to ascertain the full scope of services offered, it was deemed advisable to secure this information from the four officers charged with administrative responsibility for these services. The officers interviewed were: (1) the Consultant in Health, Physical Education and Recreation for the Stockton Unified School District, (2) the Chief Health Officer for the San Joaquin Local Health District, (3) the Co-ordinator of Physical Education and Recreation for the Stockton Unified School District and (4) the Director of Special Education for the Stockton Unified School District.

The questions asked during these interviews are found respectively in Appendices C, D, E and F.

I. CONSULTANT IN HEALTH, PHYSICAL EDUCATION AND RECREATION

The Consultant in Health, Physical Education and Recreation stated that he was responsible for supervising all school health services throughout the school district. He also supervised the health instruction program in all

grades, kindergarten through junior college, and was responsible for providing necessary in-service training in areas of school health services and health teaching. It was the purpose of this interview to ascertain what health services were available to the Stockton schools from the man charged with administrative responsibility for the entire program. The information that follows is a summary of the information and opinions expressed in reply to questions asked during the interview.

Organization and Administration

It was school district policy that every classroom should have in it a copy of the "School Health Service Guide",[1] which was prepared jointly by school district and health district personnel. The purpose of this publication was to explain the available health services and to outline the teacher's responsibilities in regard to their proper use.

School health problems were studied by the School Health Council composed of thirty-three representatives of the school district, the health district and various lay and professional groups interested in community health. This council as to (1) identify and seek solutions to

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[1]Stockton Unified School District, Department of Health, Physical Education and Recreation and the San Joaquin Local Health District, School Health Services Guide (Stockton, Calif., 1953).

health problems, (2) interpret school health laws, regulations and policies, (3) co-ordinate the school health education program and (4) make recommendations to the superintendent of schools and the board of education regarding action to be taken in solving these problems. This group also provided the heads of the school district and the health district with a clear picture of the health problems of the community and served to keep the public informed about the health activities in the schools. The membership of the School Health Council was as follows:

1. The Consultant in Health, Physical Education and Recreation for the Stockton Unified School District
2. One doctor from the health district
3. One physician representing the San Joaquin County Medical Society
4. One dentist representing the San Joaquin County Dental Society
5. Three elementary school principals
6. One junior high school principal
7. One senior high school principal
8. One junior high school physical education teacher
9. One junior high school teacher of academic subjects
10. One senior high school physical education teacher
11. One senior high school teacher of academic subjects
12. One junior college physical education teacher

13. One junior college teacher of academic subjects
14. Four elementary teachers
15. Onehigh school nurse
16. One representative for the Stockton Central P.T.A. Council
17. The Chief Health Officer of the health district
18. The Director of Nurses for the health district
19. The Health Educator for the health district
20. The Dental Hygienist for the health district
21. One elementary school nurse
22. One psychological case worker from the special education department of the school district
23. One representative from the San Joaquin County Tuberculosis and Health Society
24. One representative from the American Cancer Society
25. One representative from the San Joaquin County Heart Association
26. The Director of Food Services for the school district
27. The Co-ordinator of Home Making for the school district, and
28. The Co-ordinator of Safety and Civil Defense for the school district.

In addition to the above, the school district was represented by the following ex-officio members: the Superintendent of Schools, the Associate Superintendent of Schools, the Director of Elementary Education and the Director of Secondary Education.

Some of the members of the council held their

membership by reason of their position in the school district or the health district. The others were selected by the organizations they represented. The interview pointed out that a survey of the personnel of the School Health Council would disclose that local doctors and dentists participated in planning the school health program.

The school health program is co-ordinated with the total community helath program through the San Joaquin County Health Council, whose membership is as follows:

1. One doctor from the health district staff
2. One representative from the Mental Health Society
3. One representative from the health division of the San Joaquin Youth and Welfare Council
4. One public health nurse from the health district
5. One representative of the Family Service Agency
6. One representative from the State Mental Hospital
7. One representative of the University Women's Club
8. One representative from the San Joaquin County School Superintendent's office
9. One representative from the Stockton Central P.T.A. Council
10. The Director of Special Education for the school district, and
11. The Consultant in Health, Physical Education and Recreation for the school district.

In response to a question regarding the interpretation

of the school health program to school personnel, pupils, parents, physicians, dentists and other interested community groups, the respondent presumed that such organizations as were represented on either of the above councils had regular reports from their representatives. He pointed out that there was a need for a plan to keep the general public informed about and interested in the health problems of the school and the community. He suggested that there ought to be more newspaper publicity related to the proceedings of both the above mentioned councils.

A continuing need existed for in-service training to alert new teachers to the available health services and to the approved procedures for handling matters concerning the health of students. This need was especially urgent because of rapid growth and the large number of new teachers coming into the city schools each year. This interview was responsible for providing such courses for teachers. The health district provided similarly needed training for school nurses.

The Stockton Unified School District and the San Joaquin Local Health District signed an agreement for the fiscal year of 1957-58 setting forth a division of responsibility in providing certain health services to the local schools[2] (see Appendix G). Under this agreement, all

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[2]Board of Education Minutes, Stockton Unified School District, August 27, 1957.

persons performing health services in the local schools were to be under the supervision of the Chief Health Officer of the health district. The health district was to provide a basic service of thirty-five hours of public health nursing, audiometric and/or dental hygiene service per year for each one hundred pupils enrolled in the elementary schools of the district. The health district was also to provide four hours of audiometric and/or dental hygiene services annually for each one hundred students enrolled in the junior and senior high schools of the school district. The school district was to provide all nursing services above the elementary school level. In addition, the health district was to supply not less than three hundred hours per year of medical and psychiatric time to the school district. This agreement was to be automatically extended for one year periods unless either party terminated it by a sixty day notice to the other. In 1960, this agreement was altered so that nursing services for the high schools were also furnished by the health district, with the exception of two nurses who spent part of their time teaching and were paid by the school district. All services provided by the health district were paid for out of health district funds. The unique provision of this agreement was that no transfer of funds was to take place between the contracting parties.

A typical high school nurse spent a half day at a junior high school and the other half at a senior high school. Except as noted in the previous paragraph, all nursing service in both junior and senior high schools was provided by the health district.

In reply to a question relating to the adequacy of the existing school nursing service, the respondent expressed the opinion that, while the service was not really sufficient, the schools were being given all the nursing service that finances would permit. He thought that the elementary schools were better served than the secondary schools because of the clerical work performed by the health clerks. The National Education Association and the American Medical Association have recommended one full time nurse for every fifteen hundred students, which was nearly twice the amount of nursing service available to the Stockton schools.

Health Appraisal and Health Consultation

All children entering the Stockton Unified School District schools for the first time were requested to have a medical examination. The response of parents was fair but, since there was no law requiring such an examination, many parents did not bother to comply with the request of the school district to get one. It was school policy to advise the parents to have such an examination made by

the family physician, but this service was available without charge at the health center for those who could not afford the services of a private practicioner. No such physical examinations were performed at the school.

When a student entered a Stockton school for the first time, the parent or guardian was required to fill out a card labeled CR-4E (see Appendix H, Figure 1). This was a combination vital statistics and health record. On it were recorded the date and place of birth, the names of the other members of the family, the name of the family physician, a signed permission by the parent for the school to take certain steps in the event of illness or injury to the student, the place of employement for both parents, a record of previous illnesses, a record of the student's immunizations, any health reasons for the student being excused from any regular school activity, the marital status of the parents and the grade and teacher to whom the student was assigned. This card was kept on file in the school office for ready reference. The information on this card was transferred to a sheet in the student's cumulative record designated as CR-1 (Appendix H, Figure 3).

There were several other cumulative record forms dealing with various aspects of a student's health record, Form CR-5 (Appendix H, Figure 4) was used to record information about past illnesses, immunizations, hearing and vision screening tests, dental inspections and the

growth record. Form CR-6 (Appendix H, Figure 5) was a record of the teacher's observations regarding the student's health and also any health observations by the nurse or the doctor. Form CR-8 (Appendix H, Figure 2) was an anecdotal record of the success or difficulties experienced by the student in making adjustments to his environment at school. This form also carried notations regarding the attitude of the parents toward the school and the extent of their co-operation with the school in solving their child's school problems.

By state law, vision testing was required periodically and the teachers were directed to give the screening tests in the elementary grades. The local school board ruled that vision screening tests were to be given annually from kindergarten through grade six, during the seventh grade in the junior high schools and during the tenth grade in the senior high school. In the junior college, such tests were given only on the basis of a referral by a teacher or by the school nurse. Any student who failed the first screening was referred to the nurse for retesting. When a vision or hearing problem was confirmed, the student was referred to his parents for further tests or to have the student given the necessary treatment. The law required that the vision screening tests in the elementary grades be given by the teacher. In the junior and senior high schools, these tests were administered by the school nurse.

Hearing screening tests were given by a certificated audiometrist. If a student failed to pass the first test, he was given another test under better testing conditions. When a hearing loss was definitely established, the student was then referred to his parents to secure for him further tests or treatment. All students in grades 2, 4, 7, and 10 were routinely given the hearing screening test along with any others referred to the nurse or teacher for such testing.

It was the practice in most of the elementary schools to have the cumulative records of the students kept in the classroom so they would be readily accessible to the teacher. The elementary teachers had the same students for the entire day and thus had ample opportunity to observe them for any noticeable health problems. They could then readily go to the health record to see if there was any past history of mental, physical or emotional handicap. In the secondary schools, the teacher had a different group of students for each class period and, therefore, did not have the same opportunity to observe their charges for health problems. The cumulative records were usually kept in the nurse's quarters and teachers were told of health difficulties in their students only if the problems were acute. If there was any health reason for seating a student in a particular location or for making any other special arrangements for him, the teacher was given this information by the nurse, the

physician or the Director of Special Education for the school district.

The cumulative records went with the student from school to school within the local school system. If the student transferred to another school district, the cumulative record was deposited in the central attendance office. Other school systems were given information on students coming to them from this district upon receipt of their official request.

In the elementary schools, all students were weighed and measured twice a year. Junior and senior high school students were given this check only once a year and junior college students were weighed and measured only when there were special reasons for doing so. All such information was recorded in the student's cumulative record. If the weight and growth record of the student indicated a health problem, the nurse contacted the parents and referred the youngster to the family physician. If there was no family doctor and if the parents could not afford the services of a private practicioner, the child could get the necessary treatment either at the health district clinic or at the county hospital.

When an elementary school child exhibited physical, mental or emotional problems, he was referred to the proper agency by the school principal, usually upon the recommendation of the nurse and/or the teacher. In the secondary schools, such action was taken by the counsellors through the

principal. Teachers were informed by the nurse regarding the progress made by students who had been referred for diagnosis or corrective treatment. Parents were always kept informed of progress being made in the correction of a physical, mental or emotional problem in their child. The school nurse kept in touch with all students who had been referred for diagnosis or treatment and followed up to see that the recommended course of action was being pursued.

The health district's dental hygienist made regular inspections of teeth for all first and third graders and no other. Other students were checked only upon referral signed by the nurse or the principal. The dental hygienist spent most of her time working with teachers in planning their dental health units for presentation to their classes. In addition to these duties, the dental hygienist made talks to classes of children on matters pertaining to teeth and their care.

There were only extremely limited means for giving dental care to children whose parents could not afford to pay for it. The only real service that was available to such children was in the nature of emergency extractions which could be done at the county hospital.

Exclusion and Re-Admission of Students Absent Because of Illness

The provisions for this action were included in the

"School Health Services Guide".[3] A student was excluded from school if he exhibited symptoms that indicated he had a contagion or that he was becoming infected with one. A child was also to be excluded if he had pediculosis. Students who had been absent with diphtheria, meningitis, smallpox or typhoid fever were to be re-admitted to school only with a re-admission slip issued by the San Joaquin Local Health District. Students who had been absent with impetigo, scabies, ringworm or pink eye could be re-admitted to school with a statement from the family physician stating that they were no longer infectious or with an admission card issued by the health district. Students who had been absent with chickenpox, German measles, measles, poliomylitis, strep throat, scarlet fever, whooping cough or pediculosis could be re-admitted to school by the principal, with a note from the family physician or by an admission card from the health district. A confidential morbidity report was required by state law when a pupil had been re-admitted by the principal following an absence with measles, mumps, whooping cough or a streptococcal infection (including scarlet fever). A sample of the confidential morbidity card is shown in Appendix H, Figure 6. It was the principal's responsibility to use his best judgement in the matter of excluding a

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[3] Op. cit., pp. 17-18.

student if, in his opinion, there was any doubt about the presence of a contagion.

Emergency Care Procedures

The school district policies for handling emergency illnesses or injuries were contained in a section of the "School Health Service Guide",[4] for elementary schools and in the publication entitled, "Know Your Health Services, Secondary Schools",[5] for all schools above the elementary level. First aid was defined in both these manuals as, ". . . the immediate and temporary treatment given in case of accident or sudden illness before the services of a physician can be secured." According to explicit instructions, no dressings subsequent to the first should be applied to any injury at school and no medication was to be administered by mouth under any circumstances.

In the elementary schools, first aid was rendered by the principal or someone designated by him. At the secondary levels, emergencies occuring at school were referred to the nurse or, if she was not available, to the physical education department. All persons rendering first aid in any of the schools were required to have taken the standard Red Cross first aid course or its

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[4]Ibid., pp. 26-36.

[5]Stockton Unified School District, Department of Health, Physical Education and Recreation, Know Your Health Services - Secondary Schools (Stockton, Calif., 1954).

equivalent. According to school district policy, persons who had taken this training and who had been continually administering first aid to students were not required to keep in force a valid first aid certificate. They were, however, required to attend any classes organized for the study of new methods or procedures adopted for use in the schools. The Red Cross agreed to furnish instructors for giving an original first aid course or to give lessons on any new and approved methods or procedures.

Every teacher was required to read the procedures to be followed in case of an emergency illness or injury. In the case of a minor injury, it was up to the discretion of the person rendering first aid whether or not to notify the parents. The first step, in the event of severe illness or a serious injury, was to contact the parents and have them assume the responsibility for calling the physician and for subsequent care of the child. In case the parents could not be contacted, the next step was to call the family physician who was listed on the CR-4E form mentioned earlier in this chapter. Three steps were to be taken if neither the family doctor nor the parents could be contacted: (1) Call the city police, (2) Ask for an ambulance for stretcher cases, or (3) Ask for a police car for transporting an injured student who could safely sit up. If a parent desired to have an ill or injured student brought home and if he could not provide the transportation,

the principal or the nurse or a designated teacher was permitted to take the student home. If the ill or injured student appeared to need immediate medical care and neither the parents nor the family doctor could be reached, the student could be taken by police ambulance to the county hospital. Here, interim measures would be taken until such time as the parents or some other person could be found who would take legal responsibility for whatever medical care was needed.

Hewlett Emergency Hospital was operated by the city of Stockton for the purpose of giving first aid to ill or injured persons until they could obtain proper medical care. Only those living within the city limits were eligible to use the facilities of the emergency hospital. No doctor was on regular duty there and no medical care was given beyond first aid in that institution except by the family doctor. For these reasons it was not very practical to take an injured child from a school to the emergency hospital, unless the only care needed was to have a minor wound cleaned and bandaged. Attendants there would give the required care for a wound and instruct whoever was in charge of the injured person to call the family physician. The interviewee expressed the opinion that it would be a great help to the schools if there could be a doctor in attendance at the emergency hospital to do suturing and to perform such other services as might be required to

care for children who were injured at school and whose parents could not be contacted.

It was school district policy to have a student accident report filed in quadruplicate in the central office whenever a youngster was injured at school. A sample of this form is shown in Appendix H, Figure 8. This report showed the nature of the accident and the injury, an explanation of how the injury was sustained, a report of the action taken and by whom, and the name of the person who was in charge of activities in the part of the school plant where the accident occured. The report also called for an analysis of the causes of the mishap and asked whether it was brought about by any disregard of the rules, by faulty equipment or a hazardous condition in the school plant.

First aid kits were to be placed in easily accessible places in the schools and close to locations where accidents were most likely to happen. In the elementary schools, first aid kits were usually placed in the office, in the janitor's quarters, in the cafeteria and at other strategic points at the discretion of the principal. Either the principal or someone designated by him was responsible for seeing that each kit was properly equipped at all times. In the secondary schools, first aid kits were usually placed in the shops, physical education areas, science laboratories, nurse's quarters, cafeterias and custodian's quarters. It was the responsibility of the school nurse in the high schools

to see that first aid supplies were available and adequate.

School Employees

According to the respondent in this interview, all school personnel were required to have a medical examination as a pre-requisite for employment. They were also required by state law to have an annual chest x-ray. In addition, the superintendent had the authority to request any school district employee to have a physical examination at any time if he suspected that the employee might be a health menace to school children. Certificated personnel were required to pass a complete physical examination before being hired, just prior to being granted tenure and as a pre-requisite for the renewal of an expired teaching credential. All chest x-rays were provided for school personnel at the expense of the health district.

Certificated school employees were entitled to ten days sick leave during the school year, accumulative without limit. Uncertificated full time school district employees were entitled to one day of sick leave per month of full time employment, accumulative indefinitely.

Recommendations

The school district Consultant in Health, Physical Education and Recreation listed the following as improved or additional facilities that were needed to augment the existing program of school health services: (1) more

nursing service at all levels, (2) more health clerk time at all levels, (3) another dental hygienist, (4) a program to finance needed dental care for the children whose parents could not or would not pay for the services of a regular dentist; probably a dental clinic where it would be possible to concentrate on first graders and the care of their six year molars, (5) fluoridation of the drinking water for Stockton and (6) one person assigned full time to supervise the entire school health program without any other duties or responsibilities.

II. THE CHIEF HEALTH OFFICER OF THE SAN JOAQUIN LOCAL HEALTH DISTRICT

Organization and Administration

The administrative head of the San Joaquin Local Health District was called the Chief Health Officer. Since he was required to be a physician who had specialized in public health and public health administration, he is referred to in this interview as "Doctor". His duties were to conduct the public health program and carry out the policies approved by the board of directors of the health district. He was responsible for supervising the public and school health nursing, sanitation, laboratory services, preventive medical services and other related activities in keeping with the legal limitations and the need

of the community. From this official, the investigator sought information regarding those health services that were directly under his supervision and also other services to children with which he has to be familiar because of the nature of his duties and his contacts with health personnel of the schools and the many other organizations interested in various public health activities.

The material that follows is a summary of the information and opinions expressed in reply to questions asked in the interview.

One unique characteristic of the San Joaquin Local Health District was that it was the only health district in the entire state that was a separate administrative department with its own tax rate. Every other health district was merely a department of the county government. The advantage of this arrangement was that the local health district had its own tax base and its operations were taken completely out of politics.

The doctor stated that excellent work conditions had always existed between the health district and the school district and that as a result of this effective communication there was no wasteful duplication of effort in providing adequate health services to the school students. The health district took an active part in planning the school health services through direct contact with all school administrators and also because the Chief Health Officer,

the Dental Hygienist, and several other helath district personnel were members of the School Health Council, whose function it was to plan these services.

On July 16, 1957 the Board of Directors of the San Joaquin Local Health District and the Board of Education of the Stockton Unified School District entered into an agreement under which the health district would provide and supervise certain health services in the schools: (1) a basic service of thirty-five hours of public health nursing, audiometric, and/or dental hygiene service per school year for each one hundred pupils enrolled in the elementary schools of the school district, (2) a minimum of four hours of audiometric and/or dental hygiene services per school year for each one hundred students enrolled in the junior and senior high schools of the school district, and (3) the health district was to provide not less than three hundred hours of medical and psychiatric time to the school district per year.

The administration of the school health program was to be the responsibility of the Chief Health Officer and health district employees performing health services in the schools were to be under his supervision.

This contract was to be automatically extended for one year periods unless terminated by either party by a sixty day written notice to the other.

In 1960, it was altered so that the health district would also provide nursing services in the high schools.

A unique feature of this agreement was that no funds changed hands between the school district and the health district. There were a number of similar agreements in the state, but none with this particular characteristic.

The health district also furnished health clerks on the basis of six hours of time per year for each class. These employees of the health district were to assist the nurse with the non-professional aspects of the school health services. They were under direct supervision of the nurse, who planned their time schedule and the exact nature of their duties. The health clerks did most of the recording in the student's cumulative health records. They also made checks periodically to determine the current immunization status of the students and sent home notices when booster shots were due.[6]

Health Appraisal and Health Consultation

According to school district policy, parents were requested to submit their children to a medical examination when they first entered the Stockton schools. The doctor stated that families were urged to have these physical check-ups performed by the family physician. However, if the family could not pay for such services, the examination

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[6]"School Health Clerk Manual", A handbook prepared by the San Joaquin Local Health District, 1956.

could be performed free of charge at the health district offices. Parents were required to be present when such examinations were given. A follow-up letter was sent to all families who had not had this examination of their children done by the end of December.

In answer to a question, the doctor said that most public health experts seemed to feel that an original physical examination upon enrollment followed by referrals for cause is sufficient and that frequent general physical check-ups can not be justified.

It was the opinion of the respondent in this interview that the follow-up procedures used in the school district were as effective as it was possible to make them. The nurse informed the parents of a suspected health problem in the student and assisted the parents to decide on a course of action. A short time later, she would inquire whether or not the plan agreed upon had been followed. The nurse made notations in the student's cumulative health record regarding the recommendations and the resulting action thereon.

The most important peculiarly local health problem was tuberculosis. San Joaquin County has ranked as one of the highest among counties of comparable size in the nation in the incidence of tuberculosis. Some of the conditions that contributed to this situation were: (1) a large number of transcient workers who found seasonal work in the

local agricultural enterprises and in the food canneries, (2) an unusually large proportion of non-whites among those people, and (3) the low socio-economic status of the majority of both residents and transcient non-whites. While free chest x-rays were always available, very few of those people would avail themselves of this service. Most of them would actively resist having any tests made, even when they were actually suffering from the disease.

Some of the other most pressing local health problems were: (1) high infant death rate, (2) pre-natal care, (3) dental health, (4) care of the medically indigent and (5) care of the aged ill. Since these problems were not those of school age children and since they were not analyzed or threated through any efforts of the schools, they were not discussed in this paper.

The doctor stated that vision screening tests were given annually to all elementary school children from kindergarten through sixth grade. The seventh graders in junior high schools were tested and the tenth graders in the senior high schools. No such screening tests were given in the junior college except on the basis of a referral or the interest of the individual student. In addition to those tested on the regular schedule, any other student could be referred for a test by a teacher, a principal or a school nurse. The vision screening tests in the elementary schools were preformed by the classroom teacher while those in the

secondary schools were given by the school nurse. It was the opinion of the respondent that this program was satisfactory.

When the vision screening test indicated a need for further examination, the nurse made a retest. If the second test indicated a real difficulty, the nurse informed the pupil's parents of the situation and, together, they set up a plan of action. The school nurse always made a follow-up check to see that the agreed-upon steps were being taken. Occasionally, parents would not act on the nurse's recommendations without some pressure being brought to bear.

Hearing screening tests were administered to second and fourth graders in the elementary schools, to seventh graders in the junior high schools and to tenth graders in the senior high schools. In addition, students at any level, including junior college, where no other hearing tests were given, could be referred for such a test by a teacher, a principal or the school nurse. All hearing screening tests were given by a certificated audiometrist.

When a screening test indicated a hearing loss, the pupil was retested under better testing conditions. If a serious hearing loss was still evident, the child was then referred to his family physician for care, or to the Crippled Children's Service if the family could not pay for the needed treatment. The school district conducted special classes for the hard of hearing and for lip reading. The follow-up by the nurse had proven very effective in getting

children the kind of service they needed to overcome their hearing difficulties.

The dental hygienist, once a year, inspected the teeth of all first and third graders, along with those children referred to her from other grades. There were no regularly scheduled dental inspections at any other grade levels in the school system.

The doctor felt that regularly scheduled dental inspections on an expanded scale could not be justified. It was his feeling that all children should see their dentist at least twice a year as a matter of course and that the school, along with the denal hygienist could better use their energies in presenting an improved program of dental inspection and instruction in the classroom.

When a dental inspection disclosed the need for dental care, the parent was sent a notice to this effect. On this notice was a form to be filled out by the dentist and returned to the school after the necessary dental work had been completed. The respondent in this interview felt that the follow-up in this area was not satisfactory and stated, out of four thousand such notices sent out in the previous year, only eight hundred recipients took the recommended action.

If the parents of a child, who needed dental care, either could not or would not pay for this care, there was very little that could be obtained in the way of free

services. This was one of the areas of greatest deficiency in the school health services. There were a few instances when individual dentists gave free care to certain needy children. The Kiwanis Club had a small fund with which they provided dental care for a few children of indigent families and, occasionally, an individual citizen would pay the dental fee for a certain child or family.

Communicable Disease Control

The regular immunization program in use was the one generally accepted throughout the state. Children were given the three basic inoculations of diphtheria, tetanus and smallpox before they enroll in school. They were supposed to have regular booster shots one year later and wer to retake diphtheria, tetanus and smallpox immunizations every five years thereafter. The first two polio shots were taken one month apart, followed by a third shot in seven to twelve months and a fourth shot a year after the third one.

Information on the child's immunization status was recorded in his permanent health record at the time of his first enrollment in school. The school nurse reviewed this record annually and a form letter was sent by her to the parents of any child who was due for any inoculation. The parents were advised to have this work done by the family physician but, if necessary, these needs could be cared for at the health district clinic without charge.

Within the limits of available funds, there was a planned program of tuberculin testing in the local schools. In 1955, three thousand and three tuberculin skin tests were taken of all tenth, eleventh and twelfth graders in the school district. Of all those tested, 7.2 percent reacted positively. Two years later, all high school students in grades nine through twelve were tested. This time, five thousand five hundred forty-three showed 7.8 percent with a positive reaction. This latter figure did not represent an increase, but rather a more realistic indication of the prevalence of tuberculosis among high school students because this latter group included a more representative proportion of students of the lower socio-economic families.

Beginning in 1956, the health district attempted to put into operation a plan of skin testing the children in the elementary schools for tuberculosis. The main purpose of this effort was to locate the carriers of the disease through investigations of the children showing positive reactions. In 1956, all kindergarten and first graders, whose parents gave their consent, were tested. The next year, all first and second graders were tested. This amounted to a retesting of all those who had been checked the previous year plus all new first and second graders who had entered the school district after the first test had been administered. The following year, 1958-1959, an attempt was made to test all first and fourth graders. Lack of money has

seriously hampered this program and has prevented any subsequent general testing. Progress was being made in reducing the incidence of tuberculosis, but not rapidly enough.

Emergency Care

In response to a direct question, the doctor stated his opinion that Hewlett Emergency Hospital was intended only to provide emergency care until definitive care could be obtained. There were no doctors regularly on duty at this emergency hospital because of the cost. To staff this institution fully would require three physicians with an eight hour shift apiece. This alone would cose at least $50,000 a year, which would be completely out of proportion to the volume of business handled. This institution was operated by the city government and the health district had no responsibility in connection with its use or maintenance.

School Employees

State law required the annual chest x-rays of all school personnel, but this had been required by the local school board before this law was passed. Thorough physical examinations were also required of certificated personnel prior to the granting of tenure and as a pre-requisite to the renewal of a teaching credential. In addition, the school superintendent had the authority to request such a physical examination, including a chest x-ray, at any time he

suspected that an employee might be a health menace to the children with whom he might come into contact.

Other Agencies Providing Health Services to Children

There were several other agencies, in addition to the school district and the health district, that were providing health services to children of school age.

The San Joaquin County Hospital would care for anyone who was unable to pay for the services of a private physician. They also operated an out-patient service for those unable to come to the hospital for treatment. The county hospital would also do tooth extractions for either children or adults. Aside from this, there was no provision made by any agency, either private or public, to provide any other kind of dental care for children whose parents were unable to pay for it.

The San Joaquin County Probation Department was the legal guardian of children who were wards of the court and would provide necessary medical attention for children in its custody.

The Catholic Social Service offered counseling service to emotionally disturbed children and to their parents. They also counseled with parents who were having marital problems in an attempt to stablize home situations so the children could feel the security of a settled home life.

The American Cancer Society would provide educational materials to the schools. They also would loan certain sick

room supplies such as hospital beds and wheel chairs. They made and distributed free to the home-bound patients all types of cancer dressings and necessary bedside articles.

The Delta Blood Bank provided any child with needed blood regardless of the ability of the family to pay for it.

The Family Service Agency offered counsel to families in such matters as unsatisfactory relationships between parents or between parents and children and unsatisfactory development or behavior of children and adolescents.

The San Joaquin County Heart Association maintained a rheumatic fever diagnostic clinic. They serviced the rheumatic fever convalescent ward at St. Joseph's Hospital. They also provided a low-sodium diet consultant to persons who have been placed by their physicians on this kind of a diet. Another important service provided by this group was follow-up studies on heart damage suspects uncovered by tuberculosis x-rays.

The San Joaquin County Tuberculosis and Health Association provided free chest x-rays for for anyone over fifteen years of age and assisted in providing institutional care for those suffering from active tuberculosis. They also furnished teaching materials on tuberculosis to the schools.

The Crippled Children's Service was a program established by state law to provide corrective treatment

for certain categories of crippling conditions in children up to the age of twenty-one whose parents or legal guardians were unable, in whole or in part, to finance the necessary care. The program, locally, was administered by the San Joaquin County Welfare Department. Children could be referred to the program by hospitals or physicians through the local health district by direct referral to the Bureau of Crippled Children Services, State Department of Public Health. This agency would provide hearing aids to children if the families could not afford to pay for them. Other types of child afflictions usually referred to this service were: (1) those of an orthopedic nature, (2) those requiring plastic reconstruction, (3) those requiring orthodontic reconstruction, (4) eye conditions leading to loss of vision, (5) ear conditions leading to loss of hearing, (6) rheumatic or congenital heart disease and (7) other disabling or disfiguring deformities. Economic eligibility for the benefits of this program was determined by the county welfare department.

The San Joaquin County Welfare Department would provide medical care and, in certain cases, dental care for those families on the public assistance rolls as well as for the needy aged.

The Stockton Association for Retarded Children worked toward promoting the general welfare of mentally retarded children of all ages. They offered aid to parents

in finding ways to meet the needs of their children at home and in the community and assisted parents to adjust themselves to the handicap of their child. This group also operated a nursery school and a summer day camp for retarded children.

The city of Stockton operated the Hewlett Emergency Hospital for the purpose of providing emergency aid until the services of a physician could be obtained. Here they would administer palliative hypodermics, treat shock, administer blood plasma, pump stomachs, administer intravenous feedings, restrain violent cases, splint fractures, cleanse and dress wounds, remove foreign bodies from any part of the body and aid doctors in treating and suturing their patients. They would also assist the patient in contacting the family physician, but nothing beyond emergency care would be provided until a doctor was in attendance.

The Unived Cerebral Palsy Association provided a fellowship for a University of the Pacific student to give speech training to children at Munford Cerebral Palsy School. In co-operation with the Red Cross, they provided swimming classes for cerebral palsied children.

The San Joaquin County Mental Health Services are located on the grounds of the San Joaquin County Hospital. They had, at the time of this writing, five full time and two part time psychiatrists. They employed four psychiatric nursing personnel. Their function was to diagnose and treat any child referred to them by the schools for this kind of

treatment. The child's family was required to make formal application for these services. Some psychiatric testing was done, but only as a part of the diagnosis of the problems of a particular patient. They maintained both in-patient and out-patient services. They had a rehabilitation service and would give counsel and advice on mental health and mental health education. Fees were collected from those able to pay, but services were free for those unable to do so.

It was not necessary for any child to go without needed eye glasses. The Lion's Clubs, the Stockton Council of P.T.A., the County Hospital, the Birthday Club, the Junior Aid Birthday Club and many local P.T.A. units would pay for a child's glasses if necessary.

The doctor had the following recommendations to make for improving the program of school health services: (1) more nursing services at all school levles, (2) more health clerk service at all schoollevels, (3) one more dental hygienist, (4) a dental health clinic to care for the dental needs of children, (5) an audiometric test for all children prior to their entering school for the first time, (6) an expansion of the program for the hard of hearing in the regular classroom, (7) more lip reading instruction and (8) resumption of testing in the tuberculin control program and (9) flouridation of the drinking water for Stockton.

III. DIRECTOR OF SPECIAL EDUCATION

The Director of Special Education in the Stockton Unified School District had administrative responsibility for all special education programs developed for those children whose needs could not be adequately met by the regular curriculum, except the gifted children. This group included all youngsters having special physical or mental problems and those who were emotionally disturbed. It was the purpose of this interview to ascertain the nature and extent of special arrangements that had been made to effectively educate those children with physical, mental or emotional handicaps.

The information that follows is a summary of the information and the opinions expressed in answer to questions during the interview.

Health Appraisal and Health Consultation

In the elementary schools, counseling began with the classroom teacher. The next person usually called in for assistance was the vice principal, if the school had one. The next person to be involved was the principal, if the problem had not been resolved before this point was reached. If the principal desired any additional help, the school district employed three guidance consultants who were on call from the central office. It was the general plan that each of the school personnel involved would counsel with the student and the parents. If these procedures were not

successful, the next step was a temporary suspension. Such a suspension was usually for a period of two weeks. The final step in unsuccessful counseling was the expulsion of the pupil from school. This action was initieted by the principal of the school where the student attended, but actual expulsion was only by authority of the board of education.

There were no full time counselors in any of the elementary schools and there were always more requests for counseling help than could be met. It was the opinion of this interviewee that when counseling help was needed, it could not be postponed and still be fully effective.

Neither junior nor senior high schools had any full time counselors. The usual practice was to allot certain teachers half, or less, of their time for this work, with the rest of their day spent in classroom instruction. These counselors were supported by the same additional procedures as in the case of the elementary schools just discussed.

The junior college operated on approximately the same counseling procedures as the high schools, although there were several teachers who had as much as two thirds of their time assigned to this function.

At the time of this writing, group tests of mental ability were given to third, sixth, ninth and twelfth graders as a matter of school district policy. Individual

tests of mental ability were administered by credentialed psychometrists on a referral basis. The tester reported to the school principal on the results of such individual tests with suggestions for the principal and the teacher. He made recommendations as to the desirability of placing the child in a class for the mentally retarded, according to his findings.

Individual psychological examinations were given by trained certificated personnel. The respondent in this interview felt that there was enough psychiatric help available to the schools if it was properly used.

The decisions on the nature and extent of the special education needs of any child were made by the Admissions Committee. This group included the Director of Special Education and the principal of the receiving school. The committee could also call in psychiatric social worker, a psychometrist, the principal of the receiving school or any one else whose advice was desired. The usual procedure began with the referral of a case to the Admissions Committee either by the principal of the child's school or by the health district, which might have located the youngster through one of its contacts with the family. The committee gathered data and made its recommendations to the Director of Special Education. He, in consultation with the receiving principal, made the proper placement of the student.

Teacher and nurse observations, physical examinations, family histories, consultation within the school, projective testing techniques, clinical and special services consultations and analysis of behavior patterns all had a part to play in deciding which special education facility would best meet the needs of the child who had mental, emotional or physical handicaps.

This respondent stated that lack of sufficient staff made the follow-ups on those children with mental or emotional problems less efficient than was to be desired. The procedure used in follow-ups was to have the request for action considered by the special education staff, who then referred the problem to the appropriate specialists. These specialists would then investigate the case and report back to the originator of the follow-up action, giving suggestions for helping the child. There was often considerable delay between the time of referral and the time of placing the child in any of the special classes.

The referral forms and the cumulative records were ample and were always available to all teachers working with children having problems.

Parents of children being considered for placement in any special education program were always kept informed on progress and procedures through individual conferences and through study groups. Parents were sometimes referred to family service agencies for counseling in addition to

that provided by school district personnel.

The school district maintained study groups for parents in all areas of the special education services except that for academically gifted children. The purpose of these groups was to inform the parents of the objectives of the services offered their children and to show them how they could assist in making the program more effective in meeting the needs of their particular youngster.

In-service activities were also conducted by the school district for the benefit of teachers in the special education fields. Such teachers were also transported at district expense to special education conferences at the regional and state levels.

Special Educational Programs Provided by the School District

The Director related some of the many adjustments that were made for children with handicaps who could operate in a regular classroom with proper consideration for their special needs. Children who were hard of hearing were seated in the room so that they could make best use of whatever hearing acuity they possessed. Teachers were often instructed to stand near such students when giving oral directions. Some students with certain sight deficiencies were seated close to the chalk boards in order to be able to read material written thereon. Occasionally, classroom teachers were given special training to help them more

effectively meet the needs of children with peculiar difficulties. Students who could work in a regualr classroom with the help of a hearing aid could have these furnished through the crippled children's program of the state. The school district also conducted special physical education classes for those students who could not take part in the activities of the regular program. Children who needed lip reading or speech correction training were given this help by ininerant teachers who came once a week to the school. The children were dismissed from their regular classes an hour a week for such assistance.

As required by the state Education Code,[7] large print books were furnished for pupils whose visual acuity was 20/70 or less or who have other visual impairment making the use of such textbooks necessary. Such children were placed in the regular classrooms providing they could function there with occasional help by a special teacher.

In the California Administrative Code, a deaf child is described as, . . .

> (1) one whose hearing losses range from 70 or 75 decibles in the speech range to inability to distinguish more than one or two frequencies at the higher measurable level of intensity in the better ear resulting in not being able to understand,

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[7]California State Department of Education, Education Code, State of California Printing Division, Sacramento, California, 1951, sec. 9308.

> and acquire, speech and language through the sense of hearing even when sound amplification is provided, (2) one whose hearing losses average 50 or more decibles in the speech range in the better ear and who, having sustained loss from very early childhood or babyhood, does not learn language and speech through the unaided ear, and (3) those diagnosed by a hearing specialist as being deaf.[8]

The same legal document states that the blind . . .

> shall consist of those children (1) whose visual acuity in the better eye after the best possible correction is 20/200, or (2) whose peripheral field is contracted to such an extent that the widest diameter subtends an angle no greater than 20 degrees, or (3) whose vision shows an equally handicapping visual defect, or (4) who have been diagnosed by an eye or vision testing specialist as being blind or having a condition leading to early blindness.[9]

The state Administrative Code in delineating physical deformities in children says:

> Upon diagnosis by a competent physician, the orthopedically handicapped shall be those children whose locomotion has been seriously impaired by crippling due to (1) infection, such as bone and joint tuberculosis, osteomylitis, etc., (2) birth injury, such as Erb's palsy, bone fractures, etc., (3) congenital anomalies, such as congenital amputation, clubfoot, congenital dislocations, spina bifida, etc., (4) traumatic, such as amputations, burns, fractures, etc., (5) tumors, such as bone tumors, bone cysts, etc., (6) developmental diseases, such as coxa plana, spinal

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[8]California State Department of Education, California Administrative Code, Title 5, Education., Sacramento, Calif., 1951, sec. 1320.

[9]Ibid., sec. 1320.

> osteochcondritis, etc., and (7) other conditions such as fragile bones, muscular atrophy, muscular dustrophy, Perthes' disease, etc., and which condition requires enrollment in special schools and classes.[10]

The cerebral palsied are legally described in the same document as:

> . . . those children who have been diagnosed by a competent physician as having an impairment of motor function by injury to certain parts of the brain which govern muscular control and causing such conditions as spasticity, athetosis, ataxia, rigidity, and tremor to the extent that they must be provided special transportation to a special day class.[11]

The hard of hearing would include those children whose loss of hearing acuity makes it difficult for them to learn in the usual classroom situation without hearing amplification, but whose hearing loss is not as severe as that listed for the deaf.

The Herbert Hoover Elementary School had, at the time of this writing, an entire wing of eight special classrooms for physically handicapped children. There were five classes of orthopedically handicapped and four classes of aurally handicapped children. These youngsters spent the entire day in an educational program designed to meet their special needs. They were organized into ungraded classes of four levels: (1) the nursery, (2) the kindergarten, (3) the primary group for children from about six to ten

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[10]Ibid., sec. 1320.

[11]Ibid., sec. 1320.

years of age, and (4) the advanced group for older pupils. There were facilities there for both physical and occupational therapy. Also at this school were two classes of visually handicapped children. These youngsters spent a part of each day in the laboratory working with brailleand other techniquestthat were designed to meet their special needs. The rest of their day was spent in the regular classrooms with teachers who had some special training in helping them. All of the special classes for the physically handicapped were located in this one school and children were transported to these facilities.

The Stockton Unified School District operated special classes for the educable mentally retarded, commonly called Point One classes. Children living with the school district were eligible for these classes if they met certain requirements. In general, these children had intelligence quotients of 50 to 75. Other things were considered in addition to the child's mental ability such as his emotional stability, his home conditions, his family history, his health, his visual and aural acuity, his physical coordination and the attitude of his parents. The final placement of a child in either the point one or the point two classes was determined by the Admissions Committee after a thorough study of his peculiar abilities and disabilities. Children could move from one special education program to another or from a special education program to the regular

classroom whenever the Admissions Committee determined that such a move would be in the best interests of the child's growth and development.

The school district's point two program for the severely mentally retarded was commonly called the program for the trainable mentally retarded. In general, these children had an intelligence quotient of less than 50. They were given as much simple academic work as they could absorb but the main emphasis was on the social training that would enable them to live with other people and take care of themselves. Good health habits were an important part of the training for this group. Children who enrolled in these classes could stay in the program until they were sixteen years of age, at which time they could enroll in the sheltered workshop described on the next page. It was possible for such a person to spend the rest of his life in the sheltered workshop if necessary.

Some of the special education classes were under the direction of teachers who were not fully credentialed for this special work. The director gave it as his opinion that this situation would improve when and if wages were raised sufficiently and when the special education classes were able to have more functional classrooms and equipment. At the time of this study, the only inducement offered to teachers of special education classes was an extra salary increment of $200 annually. This had not proven sufficient

to attract competent teachers from other fields.

The Stockton Unified School District employed two full time teachers and three more on a part time basis to give instruction to home-bound students in the district. This plan adequately served the needs of all children who were unable to go to school for instruction because more part time teachers were hired as the need arose.

Facilities Provided by Non-School Groups

The Community Handicapped Child Aid Foundation served the metropolitan area of Stockton and conducted a sheltered workshop for those who, because of mental or physical handicaps, could not work in competition with others in the industrial world. They did many things of a very simple nature and often made only 10 cents to 30 cents an hour; but they were employed and they made a little money. Some of these people gained enough skill in this program so that they could hold down certain types of jobs and make a living for themselves. This foundation was not supported by the school district or any other governmental agency. They conducted fund raising campaigns and accepted gifts and donations from private individuals and from businesses.

The Stockton Association for Retarded Children operated a child development center which cared for several categories of retarded children. Some youngsters who were mentally retarded were also afflicted with severe loss of

sight or hearing and others were orthopedically handicapped. Such children could not operate in the regular programs for the mentally retarded and they were cared for here. This center also took care of children who were waiting for placement in the regular point two classes.

The Director of Special Education had the following recommendations to make for improving the services under his supervision: (1) more guidance consultants, (2) another psychometrist, (3) more functional classrooms for special education classes, (4) more and better trained teachers for the special education classes, (5) a larger salary increment for teachers of special education classes and (6) more and better equipment for use by teachers in special education.

III. COORDINATOR OF ATHLETICS

The Coordinator of Athletics had general supervision of all athletic activities in all secondary schools. The purpose of this interview was to ascertain the extent and adequacy of safety and first aid precautions that were in use in the athletic program.

The information that follows is a summary of the knowledge gained and the opinions expressed in response to questions asked during the interview.

There was no formal ruling that physical education

teachers or coaches of athletic teams must have formal first aid training, but all of them had done so. These teachers were all required to take refresher courses and to study any new techniques that became accepted methods of procedure. Physical education teachers were required to administer first aid to all minor injuries sustained during their classes. More serious mishaps were handled by the nurse. When an injury required medical attention, the parents were notified and requested to secure the proper treatment. In the event that the parents could not be contacted and if there was no known family doctor, the injured student could be taken to the San Joaquin County Hospital. The parents were required to pay for such medical attention if they were able, otherwise there was no charge.

First aid kits were located in places readily accessible from the activity areas, usually in the offices and locker rooms.

According to the co-ordinator, all secondary schools conducted three types of physical education programs: (1) the regular program for those with no disabilities, (2) a special program for the students who needed to have a restricted amount of activity and (3) facilities for those few students for whom a physician had prescribed complete rest.

The respondent said that there were always a few students who requested frequently to be excused from physical

education classes. Because of the provision for a program of limited exercise, very few students had been able to get a blanket excuse from all such classes, even for a limited time.

The co-ordinator stated that all weighing and measuring in the secondary schools was done during the physical education periods. High School students were given this check-up during the first month of school as a regular procedure and thereafter were weighed only upon referral or as a part of a complete physical examination. Whenever a secondary student was weighed or measured, this information was recorded in his cumulative health record by the nurse.

The interviewee said that it was general practice to keep the cumulative health records in the nurse's office in all secondary schools. The school nurse was responsible for alerting a teacher regarding any health problem in a student that might affect his educational success. If the instructor wanted to study the health record of a student, it was necessary for him to go to the nurse's office to do so.

All the secondary schools were served only by half time nurses and the coordinator felt that this was not enough. It was his opinion that each junior and senior high school should have a full time nurse.

The respondent in this interview stated that all students were required to pass a medical examination before being permitted to engage in inter-school athletic contests.

This examination was usually given at the opening of schbol or before practice began for that particular sport. No other physical examinations were regularly required because of the cost.

It was the usual practice to have a doctor in attendance at all football games, but not at any of the other athletic contests. If a student sustained an injury while participating in an athletic contest, half of the expense of the necessary treatment would be borne by the family of the student and the other half would be paid by an insurance policy that was carried by the school as a matter of school board policy. It was the practice to require a physician's approval before an injured athlete could resume inter-school competition, but such an approval was not required following an illness.

First aid was administered to members of inter-school athletic teams by the coach at the high school levels and by the trainer at the junior college level.

CHAPTER IV

DEVELOPMENT AND USE OF THE QUESTIONNAIRES

The writer used questionnaires to discover how well the existing health services were understood by the teachers and principals of the Stockton Unified School District.

Organization of the Questionnaires

A questionnaire was designed for classroom teachers to ascertain their knowledge of the health services and to get their opinions on the effectiveness of these services as they were applied to the individual student. This questionnaire was divided into three sections: (1) Emergency Care Procedures, (2) Health Appraisal and Health Consultation and (3) Exclusion and Re-admission of Students Who Have Been Absent Due to Illness.

A companion questionnaire for school principals sought information regarding the adminstrative problems connected with the use of the health services in the schools. The questions were organized into four categories: (1) Emergency Care Procedures, (2) Mental Health, (3) Health Appraisal and Health Consultation and (4) Exclusion and Re-admission of Students Who Have Been Absent Because of Illness. The content of the questions was suggested, in part, by various evaluative instruments referred to earlier

in this study and partly by the direct instructions contained in the School Health Services Guide[1] used in the Stockton Unified School District.

Selection of Respondents

There were twenty-nine elementary schools in the district at the time of this study with 16,772 pupils and 485 teachers. It was, therefore, expedient to select a representative sampling of teachers as respondents. This was done as follows:

A list of the elementary schools was obtained, with the schools arranged by name in alphabetical order. Under each school, the names of all the teachers were listed according to the grade taught, beginning with the kindergarten and proceeding consecutively through grade six. All teachers who had not taught at least one prior year in the local school district were excluded from the list of possible respondents because their knowledge of the school health services was thought to be inadequate as a basis for any valid judgements. This left 369 elementary teachers eligible for selection to receive the questionnaire.

Thirty-five of the eligible teachers were teaching combination classes of two consecutive grades. Every possible combination was represented, from a class of first

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[1]Stockton Unified School District, Department of Health, Physical Education and Recreation and the San Joaquin Local Health District, School Health Services Guide (Stockto, Calif., 1953).

and second graders to a class composed of fifth and sixth grade students. For the purpose of selecting respondents, the first and every other odd numbered grade 1-2 combination class was considered as a first grade, the alternate grade 1-2 combinations were considered as second grades. This same pattern was followed for all other combination classes of grades 2-3 and above.

In order to insure a completely random sampling, and thereby get a valid measure of reaction, the following were selected as respondents: first eligible kindergarten teacher and every fifth one thereafter, the second eligible first grade teacher and every fifth one thereafter, the third eligible second grade teacher and every fifth one thereafter, the fourth eligible third grade teacher and every fifth one thereafter, the fifth eligible fourth grade teacher and every fifth one thereafter, the first eligible fifth grade teacher and every fifth one thereafter and the second eligible sixth grade teacher and every fifth one thereafter.

Another system had to be used above the sixth grade because secondary teachers did not have the same students all day and, therefore, could not be as familiar with the health needs of their young folks as were the teachers in the elementary schools. The only instructors in the secondary schools who had all the students of their schools in their classes were those who taught physical education. Also, it was the practice in the Stockton schools to have

all of the health screening tests given to the students during the physical education class periods. Therefore, because of these arrangements and because of the nature of their work with the students, the physical education instructors were more likely to be conversant with the health services and how well they served the needs of the secondary school students.

Teachers of high school health courses were also selected as respondents because the content of their subject field was closely associated with helath procedures and services.

For these reasons, only teachers of health courses and physical education were selected as respondents from the secondary schools. Since the number of such teachers in the school system was not great, all of them were sent a copy of the questionnaire.

All principals, both elementary and secondary, were included and each was sent a questionnaire.

A total of 153 questionnaires were sent to teachers at all teaching levels and 146 were returned, giving a 95 percent response. The school administrators on all levels returned 35 out of 37, which as also a 95 percent return.

CHAPTER V

ANALYSIS OF THE DATA AND EVALUATION OF SERVICES

The purpose of this chapter was to take the program of school health services, as described in Chapter III of this study and in the returns of the questionnaires, and evaluate it by applying the criteria listed at the end of Chapter II.

The procedure followed was to state the approved standard, then assemble the evidence that had been gathered and show whether or not the existing service measured up to the standard. The evaluation followed the same organizational pattern and numerical sequence as was used in the original listing of the criteria.

Organization and Administration

1. There should be an over-all school health council or committee of teaches, administratives of community groups to help plan and co-ordinate the school health services program.

The Consultant in Health, Physical Education and Recreation established that the School Health Council was a group that met this requirement. The composition of this council is listed on pages 36 and 37 of this study. There was also a County Health Council, whose membership is listed on page 38. This county-wide group existed to co-ordinate the school health program with the total community health program to assure complete service without wasteful duplication.

2. Local physicians and dentist should participate in planning the school health services.

From the membership of the School Health Council, referred to in the previous paragraph, it could be seen that doctors and dentists, as well as other specialists working in the areas of physical and mental health, were included in the group that was responsible for studying the health needs of the schools and planning the program of health services.

3. There should be a written school health services guide that should be familiar to all teachers.

On page 35 of this report, it was established that there was a School Health Services Guide, prepared jointly by school district and health district personnel. There was also a companion guide for high schools entitled Know Your Health Services - Secondary Schools, prepared by school district department of health and physical education.[1] The answers to the first three questions in Appendix A and the first three questions in Appendix B would indicate that these guides were familiar to the teachers.

4. There should be a written school district policy governing the emergency care of illnesses and injuries.

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[1]Stockton Unified School District, Department of Health, Physical Education and Recreation, Know Your Health Services - Secondary Schools (Stockton, Calif., 1954).

The existence of the written "Guide for Emergency Care - Accidents and Illness" was verified during the interview with the consultant and is first reported on page 48 of this paper. The answers to questions 28-32 in Appendix A indicated that the teachers were reasonably familiar with the provisions of this policy.

5. There should be a written school district policy governing the liability of school personnel in cases of emergency illness or injury to a student.

There was a section in the health services guide for secondary schools, referred to in the previous paragraph which fully delineated the matter of liability for school personnel in emergency illnesses or injuries at school.

6. There should be a written school district policy concerning the transportation of ill or injured pupils when the parents cannot come to school for them.

On page 49 of this report, the consultant explained the school district policy relative to the transportation of ill or injured pupils. The same procedures were written out on page 29 of the Guide for Emergency Care-Accidents and Illness.

7. The school administrator should assume direct responsibility for the administration of the school district policies relating to the emergency care of illnesses and injuries.

According to the consultant, emergency care and the rendering of first aid was the responsibility of the principal and those designated by him. Item 3 of section 504 in the

Official Operating Policies of the Stockton Unified School District was stated as follows:

> He (the principal) shall be responsible for knowing and administering the general policies and rules and regulations of the district as they have been enacted by the Board of Education or the Superintendent of Schools.

Item 30 of the same section contained the following directions:

> He (the principal) shall report immediately to the Superintendent's office any serious accident to an employee or pupil or any unusual occurrence or emergency situation which may develop at the school.

The replies to questions 33 and 34 in Appendix B would indicate that school principals did take the leadership in discussing with their staffs the regulations pertaining to emergency care and first aid.

8. The school administrator should assume the responsibility for acquainting all teachers with the nature of their liability in cases of emergency illness or accident to a student.

The answers received to questions 33 in Appendix B would indicate that the school administrators did discuss this responsibility with their staffs. This questionnaire was circulated in the month of November and by that time 31 out of the 35 who responded had already presented this school district policy in a faculty meeting.

9. There should be a planned program for

interpreting the school health services to parents, private physicians and dentists and to other interested community groups.

During the course of the interview with the consultant, it developed that there was no well organized plan to publicize the work of the two councils whose function it was to study the community health problems and plan measures to deal with these problems. He presumed that those organizations represented on the councils received regular reports from their representatives, but he was not certain that this was always the case. He was of the opinion that there was a need for more newspaper publicity relative to the efforts and accomplishments of both the School Health Council and the County Health Council. He felt that such publicity was forthcoming only when the activities of the councils was controversial or was concerned with something unusual.

10. School health services should be carefully interpreted to all members of the school staff.

The writer's interview with the consultant confirmed that the school district offered in-service courses to teachers and school administrators in the areas of health services, first aid techniques and health curriculum. The health district provided such training for the school nurses and other technicians who were under its direct supervision. Non-certificated employees of the school district who had responsibilities in the area of first aid such as

secretaries, clerks and custodians were kept informed through meetings of their own organizations or through the regular school district classes held for certificated employees.

11. Records should be kept of all accidents that occur at school.

As previously noted on page 91, the principal was required to report any accident happening at school to the superintendent's office. Figure 7 in Appendix H shows a sample of the form used for such reporting. This report was to be filled out in quadruplicate; three copies going to the school business office and the fourth being placed in the school file.

12. An evaluation should be made periodically to try to determine the causes of school accidents.

Figures 1 and 2 in Appendix I show two such accident analyses. Figure 1 is a study of accidents to employees of the school district, indicating the number of disabling accidents, where the mishaps occured, the type of injury sustained and various other aspects of the incidents that might have implications for future preventive precautions.

Figure 2 is a similar study of pupil accidents. These analyses were used as bases for suggested improvements in procedures, precautions or equipment through meetings with the groups of persons affected by the suggested changes.

13. Provision should be made for periodic

evaluation and improvement of the school health services.

Dr. Williams, the Chief Health Officer of the health district, stated that the health councils were continually attempting to evaluate the results of their adopted programs but that, at the end of each fiscal period, they took a comprehensive look at the year's accomplishments to see if any changes or improvements were indicated by the results of their efforts of the past year. The biggest problem, according to Dr. Williams, was to use the available funds in such a manner as to achieve the greatest amount of good for the greatest number.

Health Appraisal

14. Teachers should make daily recorded or unrecorded health observations of their pupils.

The answers to questions 4 and 5 in Appendix A show that the overwhelming majority of teachers did watch their students carefully for any indication of health problems that would interfere with their progress at school. Even at the secondary school level, where the teachers had a different group of students each period, over two-thirds of the teachers who answered the questionnaire indicated that they made such observations.

15. The cumulative health record should be kept as a part of the total cumulative record of each pupil.

There were three separate sheets that were kept in the

total cumulative record of every pupil. These contained all of the entries relative to the observations of the child's health.

16. Health facts should be recorded in the cumulative health record in language that can be readily understood by the teacher.

Practically all of the complaints in this matter came from the elementary principals in response to question 29 shown in Appendix B. The elementary schools only had the nurse for a part of the day once or twice a week, depending on the size of the school, while the secondary schools had a nurse every day for at least a half a day. For this reason, an elementary school might have to wait several days or even a week for an explanation of an entry that had been written in a health record in technical terms.

17. The cumulative health record should include the results of health appraisals, immunization status, screening tests, weighing and measuring, notes on any special health problems and the follow-ups on those problems.

Cumulative record form CR-5 (Figure IV, Appendix H) contained the entries relating to past illnesses, immunization status, growth record, dental inspections and vision and hearing screening tests. Form CR-6 (Figure V, Appendix H) was used for recording the health observations of the teacher, the nurse and the physician. There were spaces designed for recording information relative to eyes, ears, nose, throat, general health and behavior. Figure II in Appendix H shows

form CR-8. This was an anecdotal record that was used to record information on behavior, personality traits, special abilities, family and home relationships and the student's adjustment to his school environment. This information was helpful to the teacher in evaluating the pupil's social and emotional development and sometimes provided clues to poor adjustment to school life.

18. The cumulative health record should be readily available to the school administrators, teachers, counsellors, the school nurse and physicians.

According to the answers of the school administrators to question 28, as recorded in Appendix B, the cumulative records were kept in the teacher's rooms in practically all of the elementary schools and either in the nurse's quarters or in the principal's office in the secondary schools. This should make these records readily available to anyone who might need to study them.

19. The health record should accompany the student if he transfers from one school to another.

The health record was a part of the total cumulative record of every student. It was established in the interview with the Coordinator of Health, Physical Education and Recreation that this record followed the student from school to school within the Stockton Unified School District. If a student left the local school district, the cumulative record was deposited in the central attendance office and remained there until the child again enrolled in a local

school. The record was then sent to the new school of attendance. Schools from other districts were given pertinent information from the cumulative records upon receipt of their official request.

20. Annual vision screening tests should be conducted for all pupils.

According to the Chief Health Officer of the health district, all children in the elementary schools were given the vision screening test annually. Only seventh graders, in the junior high schools, and tenth graders, in the senior high schools, were given this test on a routine basis. Vision testing was done at the junior college level only on the basis of a special referral. Any student at any level was given this test when referred for this purpose by the school principal, the nurse or a teacher.

21. Pupils failing any part of the vision screening test should be retested by the nurse before being referred to their parents to have further testing done.

According to the recorded interview with the Chief Health Officer, recorded on page 57 of this report, the above procedure was followed routinely throughout the school district.

22. Annual hearing screening tests should be given to all pupils in the elementary grades.

As reported on page 43 of the interview with the Coordinator of Health, Physical Education and Recreation,

students in grades 2, 4, 7 and 10 were routinely tested with an audiometer. In addition, any student in any grade was given this test when referred for that purpose by the nurse, the teacher or the principal. The Chief Health Officer was of the opinion that children should be given this test before entering the first grade. He thought that this would lessen the number of hearing tests requested later on by teachers who doubted the ability of their students to hear directions clearly, when the only problem was lack of sufficient maturity on the part of the children to understand exactly what was being asked of them. He felt that, other than the above suggestion, the hearing testing program was adequate, the recommendation of the State Department of Education notwithstanding.

23. Hearing screening tests should be given every two years to students in the secondary schools.

Dr. Williams, the Chief Health Officer of the health district, stated that medical men were not agreed as to the frequency with which hearing screening tests should be administered. It was his opinion that the program explained under the previous question was ample. He further felt that, when more money became available, it would produce more significant results in other service areas.

24. Hearing screening tests should be administered by a certificated audiometrist.

Dr. Williams verified the fact that no one except a

certificated audiometrist administered hearing screening tests to children in the Stockton Unified School District.

25. Pupils failing any part of the hearing screening test should be retested before being referred to their parents to have further testing done.

According to the Chief Health Officer, as reported on page 59, this recommendation was followed as standard procedure.

26. There should be prompt and continuing follow-up on recommendations for correcting any defect found in a pupil until the recommended treatment has been completed.

It was the opinion of the Chief Health Officer that the follow-up procedures, described on pages 56 and 57 of this study, were as effective as it was possible to make them.

27. Provision should be made for needed medical examinations of children whose parents cannot pay for them.

The Chief Health Officer stated, in the interview as recorded on pages 56 and 57, that physical examinations were given at the health center clinic for children whose parents could not pay for that service.

Health Consultation

28. Arrangements should be made for school nursing services.

The arrangements that have been made for nursing service were explained on pages 55 and 56. The elementary

schools were provided with 35 hours of nursing, audiometric and/or dental hygiene service for each 100 pupils enrolled. Secondary schools had this service on the basis of one half day per school daily. Both the Consultant in Health, Physical Education and Recreation and the Chief Health Officer said that this was much less than was recommended by the National Education and the American Medical Association of one full time nurse for every 1500 students. However, they were both aware that neither the school district nor the health district could afford to pay for more.

29. Parents and teachers should be kept informed of the results of health appraisals and their responsibilities in carrying out certain phases of the recommendations.

When a health problem was discovered in an elementary school student, the first step taken was to be sure that the nurse, the teacher and the principal were alerted to the details. A conference was then held between the parent and the nurse, with the teacher sometimes also involved. Out of the conference came a plan of treatment. Periodically thereafter the nurse would check to see that the plan of action agreed upon was being followed.

In the secondary schools, the nurse usually first communicated with the dean and then arranged a conference with the parents. As in the elementary schools, this conference would evolve a plan of action and the nurse would follow up to see that the proper steps were being taken by

the parents. The answers to question 9 in Appendix B indicated that the administrators were of the opinion that theachers were kept informed of health problems in their pupils.

30. Provision should be made for parents to visit the school for conferences with the teacher and/or the nurse concerning the health needs of their children.

The answer in the previous paragraph would indicate that such conferences were held. This fact was verified by the replies of the school administrators to question 6 in Appendix B and by the teachers' response to question 6 in Appendix A. It was the policy of the school district to hold such a conference whenever the health problem of a student made such a meeting desirable.

31. Nurse-pupil, nurse-teacher and nurse-teacher-parent conferences should be based upon up-to-date cumulative health records.

According to both the Chief Health Officer and the school district Consultant in Health, Physical Education and Recreation, entries are made in the cumulative health record by the teacher, the nurse and the nurse's aid. Such records are always the basis for conferences with parents relative to health problems in their children.

32. The school health program should emphasize the importance of having the family doctor perform the needed medical examinations whenever possible.

As reported on page 56 of this study, families were urged to have any necessary physical examinations performed by the family physician.

33. Provision should be made to secure needed medical care for pupils when the parents cannot pay for it.

The fact that this is health district policy is recorded on page 55 of the interview with Chief Health Officer of the health district.

34. Provision should be made for dental examinations for children whose parents cannot afford to pay for them.

The Chief Health Officer of the health district stated that the dental hygienist regularly inspected the teeth of all first and third graders along with any referrals by the teachers of other grades. The only weakness here would appear to be that teachers of children not regularly scheduled for dental inspections might not be aware of existing dental problems in these children.

35. The school health program should emphasize the importance of prompt correction of dental defects.

As reported on page 60, parents were immediately sent a notice whenever it was discovered that the child needed dental attention. On this notice was a form to be filled out by the dentist upon completion of the needed work and returned to the school. The Doctor felt that the follow-up was not very effective in this area and said

that out of 4,000 such notices sent out in a recent year, only 800 recipients took the recommended action.

36. Provision should be made to secure dental care for children whose parents cannot afford to pay for it.

Here was one of the greatest weakness in the entire health services program, according to the Chief Health Officer. There was no real program to provide such help, although occasionally an individual youngster was given dental service at no expense to his family.

Communicable Disease Control

37. There should be written policies regarding the exclusion and re-admission of ill children.

The Consultant in Health, Physical Education and Education gave the provisions of this policy during the interview with him and these were reported on pages 46 and 47.

38. Suspected cases of communicable disease should be reported to the local health department.

This was school district policy, as reported on page 47 of this study.

39. Definite policies should be established for the care of ill children awaiting removal to their homes.

There was a policy for the isolation and care of ill children included in the School Health Service Guide in the section devoted to communicable disease. The child was to

be isolated from other children until the parents could come to school to get him. In the event the parent did not have transportation, it was the duty of the principal or someone designated by him to take the child home.

40. There should be a place where ill children can be isolated while awaiting removal to their homes.

According to the answers to question 50 in Appendix B, almost all schools had a room where a sick or injured student could be made comfortable and kept isolated from other students until the parent or guardian could come for him. Some schools had only a cot in or near the office, but all had made provision to comply with this policy.

41. There should be an immunization program planned co-operatively with the health department and the local physicians.

The immunization program for the local schools was the one in general use throughout the state. It is explained on page 61 of this paper. The local physicians and other specialists working in the general area of health had a part in planning the local immunization program by means of their representatives of the School Health Council which planned the procedure.

42. There should be a specific program for the detection and control of tuberculosis.

The special significance of tuberculosis in the local health picture is ecplained on pages 4 and 5 of this report. The local program to combat this menace is described on pages

61 and 62. Lack of funds has hampered this program, but it has proven quite successful in spite of the financial diffuculties, according to the Chief Health Officer.

Emergency Care

43. Written agreements with parents concerning procedures to be used in emergencies should be obtained at the time the pupil enters school.

The viatal statistics record, known as form CR-4 and shown as Figure I of Appendix H, has on it a place to indicate the action desired by the parent in the event of an injury or sickness on the part of the child when the parents could not be contacted. First on the list was an alternate person to be called, usually a neighbor, a relative or a friend. The next item listed was usually the name of the family doctor or permission to take the child to the emergency hospital or to the San Joaquin County Hosptial.

44. The actual administering of first aid services should be delegated to qualified persons in each school.

According to the recorded interview with the school district Consultant in Health, Physical Education and Recreation as recorded on page 48 of this report, this requirement was amply met.

45. Persons administering first aid should be required to have adequate first aid training and to keep up to date when new techniques are developed and accepted.

Item number 811 in the "Official Operating Policies"

of the school district spells out the training required of all persons administering first aid. These requirements fully meet the above standard.

> 46. First aid kits should be easily accessible and should be inspected periodically to see that they are properly equipped.

Evidence that this recommendation was followed is to be found in the recorded interview on page 51 and in the answers to question 35 in Appendix A and 38 in Appendix B.

Special Education Services

> 47. Special classes to meet the special needs of pupils with physical, mental or emotional problems should be provided.

The program of special education maintained by the school district is explained on pages 73 to 79 of this report. The Director of Special Education stated that this was a more extensive program than was to be found in any other county near by and that families had actually moved into Stockton so that a handicapped child could have the benefit of the special education facilities here.

> 48. Psychiatric consultant help should be available to teachers and administrators to identify those pupils who have emotional problems and to give teachers help in planning to meet the needs of such pupils.

The school district provided three Guidance Consultants, whose duties were to give psychiatric advice to teachers and help to individual students and their parents.

This amount of service was deemed insufficient by the Director of Special Education, as stated on page 72 in the report of his interview. There was always a long list of people needing this service. It was the Director's opinion that when this kind of help was needed, it could not be postponed and still be fully effective.

49. Sufficient counseling time should be available to help teachers, children and parents work out procedures to help pupils with emotional problems.

This was one area in which there was an easily noticeable deficiency. Both the Consultant in Health, Physical Education and Recreation and the Director of Special Education agreed that there was not enough counseling time available to do the job properly.

50. The nature and extent of a pupil's physical, mental or emotional handicap should be determined by a committee of appropriate educational and medical specialists.

The decision regarding the proper educational program needed to meet the special needs of a student is the responsibility of theAdmissions Committee. The composition of this group is explained on page 71.

51. The active co-operation of the parents should be solicited in setting up any needed educational adjustment program for a handicapped pupil.

Each of the authorities interviewed stated that the parents were always conferred with regarding any handicap their child might have and their understanding and co-operation

was earnestly sought in devising an educational program that would best meet the needs of the child.

52. There should be a continuing parent-education effort in the areas of special education programs that are operated by the school district.

As reported on pages 73 and 74, study groups were organized for parents in all areas of the special education classes, except for the parents of gifted children.

53. Special classes should be provided for children with intelligence quotients below 70.

On pages 76 to 79, it was explained that there are two such classes operated by the school district; one of these for children whose intelligence quotient was between 50 and 75 and one for those below 50. It was not always possible to get all the qualified children promptly into these classes. Sometimes this was due to a shortage of teachers and sometimes to a shortage of classrooms. There was a need for more such classes in order to meet the needs of all the low-ability children in the school district.

54. All special education classes should be in charge of properly credentialed teachers.

This was another area in which the school district was unable to meet the desired standard. Many of the special classes were meeting in classrooms that did not meet their special needs. A number of classes were under the direction of teachers who were not fully credentialed in

this special field. The Director of Special Education was of the opinion that when and if a realistic pay increment could be offered to the teachers of special education classes and when these classes were able to operate in classrooms especially designed for the purpose, this situation would be rectified. At the time of this writing, teachers of special education classes were given an extra pay of $200 per year over that salary paid to a regular class teacher. This was not enough to attract top notch teachers out of the regular classroom into the special education field.

55. In-service training should be provided for the teachers in the areas of special education programs that are operated by the school district.

Such courses were offered by the school district whenever there were enough teachers desiring this training to make it worthwhile. Teachers taking such courses were granted credit for salary advancement for this work.

56. Pupils in special classes should join with children in normal classes whenever feasible.

According to the Director of Special Education, those children who could operate part of all of the time in the regular classes, even with their handicaps, were so scheduled. Hard of hearing, partially sighted, many physically handicapped and even blind children can work part of the time in a normal classroom environment to their own advantage.

57. Teachers should be provided for those

children who are hospitalized or home-bound because of physical ailments.

The school district, at the time of this writing, employed two full time teachers for the home-bound pupils and were ready to hire as many more on a part time basis as might be necessary to meet the needs of such children. The statement of the Director of Special Education to this effect is recorded on page 79.

School Employees

58. All school personnel, both certificated and non-certificated, should be required to have a complete medical examination prior to being hired by the school district.

The comments of the Chief Health Officer of the health district relative to this requirement are to be found on page 63 and 64. He recalled that state law required an annual chext x-ray of all school personnel. Thorough physical examinations were required of prospective employees before hiring and certificated personnel were to have other such check-ups before being granted tentre or having their teaching credential renewed. In addition, the superintendent of the school district had the authority to request such an examination, including a chest x-ray, whenever he suspected that a school employee might be a health menace to children.

59. All school district personnel should be required to have an annual chest x-ray.

As stated in the previous paragraph, this was required by state law.

60. Adequate provision should be made for sick leave with pay for school employees.

By state law, school employees were guaranteed ten days annually of sick leave with full pay, accumulative indefinitely. Except in unusual circumstances, this was judged to be enough so that school personnel would not be tempted to go to work when they were ill and thus pass on their infection to the children.

Interscholastic Athletics

61. Students should be required to pass a careful medical examination before engaging in inter-school athletics.

The Co-ordinator of Athletics reported, on page 82, that all students were required to pass a medical examination before being permitted to engage in inter-school athletic competition.

62. A student should be required to successfully pass a thorough medical examination after an injury before resuming inter-school athletic competition.

As reported on page 83, it was school board policy to require an injured player to pass a physical examination before resuming competitive athletics, but a player who had been out of action because of illness was not required to have such a check-up before rejoining his team.

63. A doctor should be in attendance at all inter-school football games.

The Co-ordinator of Athletics confirmed that it was school board policy to have a doctor in attendance at all such games, but that this was the only sport with this requirement.

64. Provision should be made to pay the cost of medical care for a student who is injured in an interschool athletic contest.

The school district carried an insurance policy that would pay half of the cost of treating such an injury and the family of the injured player was expected to pay the rest, if they were able to do so. Otherwise the medical care could be provided at the San Joaquin County Hospital without charge.

CHAPTER VI

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary and Conclusions

Because the program of school health services bears such an important role in adjusting both the child and the curriculum, this study was made to evaluate the health services available to the local school district. The extent of the services was determined through a series of interviews with those persons having administrative responsibility for the health services program and through questionnaires sent to teachers and school principals. The study was intended to provide answers to the following four questions as stated on page 1: (1) What health services were available to the schools of the Stockton Unified School District? (2) How did the health services that were available to the schools compare with accepted standards, as approved by recognized authorities in the fields of public health and public school health? (3) How well were the available school health services understood by the teachers and administrators of the local school system? (4) What improvements or extensions of the present school health services were indicated by the findings of this study?

The available health services were delineated in Chapter III. After determining the extent of the local school

health services and comparing them with pertinent standards, it was the opinion of this investigator that the Stockton Unified School District had provided an exceptionally good program of school health services for its students, especially in view of the financial condition of the district.

Most of the teachers and school principals were conversant with the school health services and their individual responsibilities in connection with the program.

There appeared to be a need for more emphasis by the school principals in discussing the health services formally in staff meetings, particularly for the benefit of new faculty members.

Additional services and improvements in present services will be discussed later in this chapter.

A study of the data collected revealed both strengths and weaknesses.

Strengths

The major strengths that were evident as a result of this analysis were:

1. Excellent co-operation existed between the health district and the school district, thus promoting efficiency and eliminating wasteful duplication of services and effort.

2. The school health policies were written down and complete and concise.

3. The school principals discharged their responsibilities effectively, resulting in the teachers being very conscious of pupil health.

4. Excellent health counseling and follow-up procedures were based upon complete cumulative health records.

5. Health clerks were used to free the nurses from practically all of the clerical aspects of their work, thus giving them more time for direct work with pupils, parents and teachers.

6. The school children had the benefit of a good immunization program.

7. There was adequate provision for medical care of children whose parents could not pay for such services.

8. The Stockton Unified School District provided an extensive and complete program of special educational facilities for handicapped children.

9. A strong safety program was pursued with careful analysis of accidents happening at school to both students and adult school employees.

Weaknesses

The major weaknesses revealed by this study were:

1. There was no organized program to provide dental services for children whose parents could not afford to pay for such service.

2. Insufficient dental hygienist time was available.

3. Not enough was being done to solve the important local tuberculosis problem.

4. There was not enough counseling service provided to give sufficient help to children with mental and emotional problems and to help teachers plan to meet the special needs of such youngsters.

5. The schools did not have enough school nursing service, particularly at the secondary levels.

6. More audiometrist service was needed.

7. Too little publicity was given to the work and accomplishments of the School Health Council and the San Joaquin County Health Council.

8. As indicated by the answers to question 26 in Appendix B, too many students entered school without having a physical examination.

Recommendations

After completing this analysis and considering the strengths and weaknesses of the health services program provided for the students of the Stockton Unified School District, the writer had the following recommendations to make:

1. The School Health Council should make a major effort to provide a program of dental care for the children of parents who cannot provide this service.

When only 800 children, out of over 4000 who were referred by the school nurses for dental care in a year, were given that care, it should be evident that a real need existed. A child who needed a tooth extracted could have it done at the San Joaquin County Hospital free of charge, but that was the full extent of regularly provided free dental care. Children of mothers who were on the "Aid To Needy Children" (A. N. C.) program of state aid could get free dental care for their children, but many of them were not aware of this and did not give their children the benefit of this service.

2. The San Joaquin Local Health District should have one more dental hygienist.

This would make more time available for working with children and for helping teachers prepare more effective dental health units for presentation to their classes.

3. A lively and forceful campaign should be carried on for the fluoridation of the city's drinking water, in order to reduce the incidence of dental caries in children.

4. The San Joaquin Local Health District should resume its important testing of school children of all ages for tuberculosis.

At the time of this writing, the death rate from tuberculosis for each 1000 of population in San Joaquin County was nearly three times the national averages.

5. The Stockton Unified School District should have at least one more guidance consultant.

There was continually a waiting list of children and parents needing this special help. When there is a need for help with an emotional problem, that help cannot be postponed and still be fully effective. The increasing need for this kind of service had kept pace with the increasing enrollment of children in the schools.

6. The school district should have at least one more psychometrist.

Because of the ever-growing enrollment in the schools, there was increasing numbers of students whose educational program needed to be planned in the light of the results of special individual tests. There were often delays of a month or more in the administration of such tests because of the lack of sufficient personnel with this special testing. training.

7. Nursing service should be increased in all schools to the level of one full time nurse for each 1500 students enrolled.

8. The health district should have enough additional audiometrists so that every child could be given a hearing screening test before beginning his school career.

This would give an early check on the aural acuity of children and would eliminate many false referrals later one. Teachers often doubt the ability of children to hear

their instructions when the only real trouble is lack of sufficient maturity to give the responses that the teachers expect.

9. The school district should have one consultant in the field of school health, with no other areas of responsibility.

Such a health consultant could then devote needed time to the supervision of the health curriculum as well as to the functioning of the school health services.

10. The school district should have more specially adapted classrooms and more specially trained teachers to meet the needs of the "educable" and "trainable" classifications of mentally retarded children.

Under the conditions existing at the time of this study, children often had to wait a month or more after being certified for a special education class before he could be enrolled in such a class. This waiting was harmful to the child. When he was acknowledged to need the special program, it was because the Admissions Committee judged that the regular curriculum did not meet his requirements. Any delay in getting him into a program designed to meet his needs would only delay any benefits he might be expected to gain therefrom.

11. The additional increment paid to teachers of special education classes should be increased to $400 a year.

The $200 increment offered at the time of this writing

was not enough to attract teachers of the greatest capability into this program.

11. Each school principal should devote a staff meeting to a full discussion of the school health services.

Since the possibility of an emergency accident or illness exists whenever students are at school, this meeting should be held as early in the school year as possible.

12. School principals should work through the school nurse and through the Parent Teacher organizations to put pressure on parents to have their children given a physical examination before entering school for the first time.

Such an examination was recommended as a regular school district policy, but there was no legal requirement in this regard and principals were prone to make an original request for such an examination and then turn the follow-up on this request over to the nurse. The greatest difficulty was with children who transferred into the school district from other schools and who did not bring any health records with them.

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APPENDIX A

RESULTS OF QUESTIONNAIRES SENT TO TEACHERS

APPENDIX A

TABLE I

RESULTS OF QUESTIONNAIRES SENT TO TEACHERS

1. Is there a copy of the written "Health Services Guide" in your classroom?

	Yes	No
Elementary	67	6
Junior High	28	12
Senior High.	15	10
Junior College	5	0

2. If there is, does it contain the necessary information?

	Yes	No
Elementary	63	1
Junior High	22	0
Senior High.	12	1
Junior College	4	0

3. Is it written so that it is easily understood?

	Yes	No
Elementary	54	0
Junior High	22	0
Senior High.	15	0
Junior College	2	0

4. Do you make daily observations, recorded or unrecorded, of the health status of your pupils?

	Yes	No
Elementary	66	7
Junior High	27	12
Senior High.	18	8
Junior College	2	3

5. If you find it difficult to make daily observations of your pupils, what causes these difficulties?

	My classes are too large
Elementary	11
Junior High	23
Senior High.	12
Junior College	0

TABLE I (Continued)

The curriculum is too crowded	
Elementary	13
Junior High	8
Senior High	1
Junior College	0
I am not sufficiently trained in this kind of observation	
Elementary	5
Junior High	4
Senior High	2
Junior College	0
Lack of time	
Elementary	1
Junior High	2
No difficulties	
Senior High School	1
A different class every period	
Junior College	3

6. How often are teacher-parent or nurse-parent conferences held regarding the health problems of pupils?

At regular intervals	
Elementary	65
Junior High	1
Senior High	2
Junior College	0
Only occasionally	
Elementary	3
Junior High	1
Senior High	0
Junior College	0
Seldom	
Elementary	2
Junior High	3
Senior High	1
Junior College	0
Whenever necessary	
Elementary	60
Junior High	28
Senior High	19
Junior College	2

TABLE I (continued)

	Don't know
Senior High	1
Junior College	3

7. Who usually makes the original contact with a parent for a health conference regarding a pupil's health problems?

	The teacher
Elementary	38
Junior High	10
Senior High	6
Junior College	1

	The nurse
Elementary	51
Junior High	36
Senior High	24
Junior College	5

The counsellor
None at any level

	The Vice-principal
Elementary	1
Junior High	1
Senior High	4
Junior College	0

	The Principal
Elementary	5
Junior High	0
Senior High	3
Junior College	0

8. What conditions make it difficult to have effective teacher-parent or nurse-parent conferences on the health problems of pupils?

	Hard to find a mutually suitable time
Elementary	29
Junior High	18
Senior High	15
Junior College	2

	No suitable place for a conference
Elementary	3
Junior High	0
Senior High	2
Junior College	0

	Lack of parental interest
Elementary	27
Junior High	8
Senior High	5
Junior College	1

	Religious objections of parents
Elementary	3
Junior High	3
Senior High	0
Junior College	0

	Nurse only half time
Senior High	2

	No problems
Elementary	22
Senior High	1
Junior College	1

9. Are you, as a teacher, notified of any pertinent findings by a doctor, dentist, psychiatrist or other health specialist about any health problems of your pupils?

	Always
Elementary	24
Junior High	22
Senior High	9
Junior College	0

	Sometimes
Elementary	36
Junior High	14
Senior High	13
Junior College	3

	Seldom
Elementary	13
Junior High	4
Senior High	3
Junior College	1

10. What grade level do you teach?

	Elementary School
Kindergarten	8
First Grade	13
Second Grade	14
Third Grade	13
Fourth Grade	14

TABLE I (continued)

Elementary School	
Fifth Grade	13
Sixth Grade	12
Junior High School	
Seventh Grade	37
Eighth Grade	27
Ninth Grade	29
Senior High School	
Tenth Grade	22
Eleventh Grade	23
Twelfth Grade	24
Junior College	
Thirteenth Year	5
Fourteenth Year	5

11. Are the pupils in your classes periodically weighed and measured?

	Yes	No	Don't Know
Elementary	73	0	0
Junior High	26	3	11
Senior High	15	8	3
Junior College	0	3	2

12. If yes, at which grade level or levels?

Elementary School	
Kindergarten	1
First Grade	3
Second Grade	2
Third Grade	2
Fourth Grade	1
Fifth Grade	1
Sixth Grade	2
All Elementary Grades	60
Junior High School	
Seventh Grade	12
Eighth Grade	11
Ninth Grade	17
Senior High School	
Tenth Grade	5
Eleventh Grade	15
Twelfth Grade	5
All Senior High Schools	1
Junior College	
Only on special referral	2

TABLE I (continued)

13. If the students are weighed and measured, how often is this done?

	Monthly
All levels reported	0

	Semi-annually
Elementary	72
Junior High	6
Senior High	4
Junior College	0

	Annually
Elementary	2
Junior High	13
Senior High	8
Junior College	0

	Biennially
All levels reported	0

	Don't Know
Elementary	1
Junior High	6
Senior High	3
Junior College	3

14. If the pupils are weighed and measured, is this information recorded in the cumulative health folders?

	Yes	No	Don't Know
Elementary	73	0	0
Junior High	32	2	4
Senior High	6	9	8
Junior College	2	0	0

15. If this information is recorded, who does it?

	Physical Education Teacher	Nurse	Nurse's Helper
Elementary	0	1	72
Junior High	31	2	0
Senior High	16	2	0
Junior College	2	0	0

16. Is there a regular schedule for the giving of hearing screening tests to the pupils in your classes?

	Yes	No	Don't Know
Elementary	68	6	0

TABLE I (continued)

	Yes	No	Don't Know
Junior High	22	9	0
Senior High	22	3	0
Junior College	0	4	1

If yes, at what grade level or levels?

Elementary School

All Grades	2
Second Grade	52
Fourth Grade	56
Don't Know	2

Junior High School

Seventh Grade	20
Don't Know	2

Senior High School

Tenth Grade	18
Eleventh Grade	1
Don't Know	4

Junior College
No Answers

17. Is the result of the hearing screening tests recorded in the cumulative health records of the pupils?

	Yes	No	Don't Know
Elementary	72	2	1
Junior High	18	0	3
Senior High	19	0	6
Junior College	2	0	0

18. If this information is recorded, who does it?

	Teacher	Nurse	Nurse's Helper	Audio-metrist
Elementary	0	6	4	62
Junior High	0	2	0	16
Senior High	0	2	0	18
Junior College	0	0	0	2

	Yes	No	Don't Know
Senior High School	0	0	3

TABLE I (continued)

19. Is there a regular schedule for giving vision screening tests to the pupils in your class?

	Yes	No	Don't Know
Elementary	65	8	0
Junior High	23	9	0
Senior High	17	6	1
Junior College	0	5	0

20. If vision screening is done with your pupils, who does it?

	Teacher	Nurse	Physical Education Teacher
Elementary	65	9	0
Junior High	0	32	7
Senior High	0	2	19
Junior College	0	0	0

	Don't Know	Other	Nurse's Helper
Elementary	0	0	0
Junior High	0	0	0
Senior High	3	0	0
Junior College	4	0	0

21. Are periodical dental inspections made of the pupils in your classes by a dental technician?

	Yes	No	Don't Know
Elementary	40	31	0
Junior High	16	0	12
Senior High	1	23	0
Junior College	0	5	0

22. If dental inspections are not made of your pupils, do you think they should be?

	Upon Referral	Yes	No	Don't Know
Elementary	10	31	1	0
Junior High	10	24	1	0
Senior High	0	18	0	1
Junior College	2	3	0	0

23. If dental inspections are made of your pupils, do you think that the follow-up leading to needed corrections is effective?

TABLE I (continued)

	Always	Generally	Seldom	Don't Know
Elementary	5	34	10	10
Junior High . . .	1	11	1	9
Senior High . . .	3	4	3	6
Junior College . .	0	0	0	3

24. In the last five years, have you had any pupils in your classes who needed dental care and were not able to get it?

	Yes	No	Don't Know
Elementary	17	41	6
Junior High	10	17	6
Senior High	15	6	5
Junior College	0	2	3

25. In the last five years, have you had any pupils in your classes who needed a hearing aid and was not able to obtain one?

	Yes	No	Don't Know
Elementary	0	72	0
Junior High	0	33	2
Senior High	0	24	0
Junior College	0	2	3

26. In the last five years, have you had any pupils in your classes who needed glasses and could not obtain them?

	Yes	No	Don't Know
Elementary	1	73	0
Junior High	7	24	3
Senior High	5	16	2
Junior College	0	4	1

27. What would you do if you received notice that one of your pupils had a noticeable loss of hearing?

Elementary	Try to stand near the pupil when giving instructions	43
	Try to stand so this pupil could see your lips when you are talking to the class or group in which he is working	40
	Have this student seated so that he can see all of the members of any group in which he might be working.	51

APPENDIX H

SCHOOL HEALTH RECORD FORMS

TABLE I (continued)

	Give as much individual attention as possible	14
	Discuss problem with student	5
	Confer with nurse	16
	Obtain Hearing aid	7
Junior High	Try to stand near the pupil when giving instructions	19
	Try to stand so this pupil could see your lips when you are talking to the class or group in which he is working	24
	Have this student seated so that he can see all of the members of any group in which he might be working.	20
	Try to get hearing aid	1
	Refer to nurse	3
Senior High	Try to stand near the pupil when giving instructions	18
	Try to stand so this pupil could see your lips when you are talking to the class or group in which he is working	7
	Have this student seated so that he can see all of the members of any group in which he might be working	19
	Try to get a hearing aid	1
Junior College . . .	Try to stand near the pupil when giving instructions	4

TABLE I (continued)

Try to stand so this pupil could see your lips when you are talking to the class or group in which he is working	4
Have this student seated so that he can see all of the members of any group in which he might be working	4
Have superior student make him a carbon copy of lecture notes	1

II. EMERGENCY CARE PROCEDURES

28. Do you have in your room a copy of the written "Guide for Emergency Care - Accidents and Illness"?

	Yes	No
Elementary	61	12
Junior High	19	17
Senior High	11	14
Junior College	2	3

29. If you have a copy, is it easily understood?

	Yes	No
Elementary	48	0
Junior High	18	0
Senior High	12	1
Junior College	2	0

30. If you have a copy of the "Guide" does it contain the necessary information?

	Yes	No
Elementary	49	0
Junior High	16	1
Senior High	10	0
Junior College	2	0

31. Do you understand the school district policy regarding your liability in case of an accident to a pupil while he is under the supervision of the school?

TABLE I (continued)

	Yes	No
Elementary	55	10
Junior High	32	7
Senior High	20	4
Junior College	5	0

32. Do you understand the school disttict policy in regard to the transporting of ill or injured pupils?

	Yes	No
Elementary	47	16
Junior High	31	8
Senior High	16	6
Junior College	5	0

33. Have you, at any time, taken the Red Cross first aid course or any course of comparable caliber in first aid?

	Yes	No
Elementary	47	28
Junior High	37	3
Senior High	24	1
Junior College	5	0

34. Could you, if necessary, give first aid for the common school injuries?

	Yes	No
Elementary	62	9
Junior High	38	2
Senior High	24	2
Junior College	5	0

35. Do you have easy access to a first aid kit in your school, if you should ever need one?

	Yes	No
Elementary	64	7
Junior High	37	3
Senior High	24	1
Junior College	5	0

III. EXCLUSION AND READMISSION OF PUPILS ABSENT BECAUSE OF ILLNESS

36. Do you exclude from your classes pupils who complain of illness or who appear to be ill?

TABLE I (continued)

	Always	Sometimes	Rarely
Elementary	56	16	1
Junior High	17	20	2
Senior High	12	14	0
Junior College	3	1	1

37. What procedures do you follow in excluding such pupils?

Elementary	Send them to the principal's office	71
	Send them to the nurse	13
	Call the parents to come and get the pupil	24
	Call someone previously designated by the parent or guardian if no one is available at the pupil's home	13
	Call the family doctor, if one is known and if one is needed	5
	Keep the pupil in the room until the class period is over or until school is dismissed.	1
	Other	0
Junior High	Send them to the principal's office	1
	Send them to the nurse	39
	Call the parents to come and get the pupil	0
	Call someone previously designated by the parent or guardian if no one is available at the pupil's home	0
	Call the family doctor, if one is known and if one is needed	0

TABLE I (continued)

	Keep the pupil in the room until the class period is over or until school is dismissed	2
Senior High	Send them to the principal's office	1
	Send them to the nurse	24
	Call the parents to come and get the pupil	0
	Call someone previously designated by the parent or guardian if no one is available at the pupil's home	0
	Call the family doctor, if no one is home and if the doctor is known and if one is needed	0
	Keep the pupil in the room until the class period is over or until school is dismissed	1
	Call Dean of Girls	1
Junior College . . .	Send them to the principal's office	0
	Send them to the nurse	5
	Call the parents to come and get the pupil	1
	Call someone previously designated by the parent or guardian if no one is available at the pupil's home	0
	Call the family doctor, if one is needed	0

TABLE I (continued)

	Keep the pupil in the room until the class period is over or until school is dismissed
	1

38. Do you have in your room a copy of the state laws and regulations governing the handling of children with communicable disease?

	Yes	No
Elementary	44	24
Junior High	11	26
Senior High	7	16
Junior College	0	5

39. With the exception of minor communicable diseases and skin disorders, is a physician's consent required for the readmission to class of pupils who have been absent because of illness?

	Don't Know	Yes	No
Elementary	14	20	40
Junior High	2	10	25
Senior High	2	4	16
Junior College	3	0	2

APPENDIX B

RESULTS OF QUESTIONNAIRES SENT TO SCHOOL PRINCIPALS

APPENDIX B

TABLE II

RESULTS OF QUESTIONNAIRES SENT TO SCHOOL PRINCIPALS

I. HEALTH APPRAISAL AND HEALTH CONSULTATION

1. Does each teacher in your school have a copy of the written "Health Services Guide"?

	Yes	No	In Faculty Handbook
Elementary	27	0	0
Junior High	3	1	0
Senior High	1	1	1
Junior College	0	1	0

2. Does it contain the necessary information?

	Yes	No	Information should be clarified regarding	Too much material, out of date
Elementary	26	0	0	
Junior High	3	1		1
Senior High	2	0		0
Junior College	1	0		0

3. Is it written so that the teachers can understand it?

	Yes	No
Elementary	27	0
Junior High	4	0
Senior High	2	0
Junior College	1	0

4. To whom do your teachers report pupils who exhibit physical, mental or emotional deviations from accepted normal standards?

	Principal	Vice-Principal	Nurse	Counsellor
Elementary	27	4	18	0
Junior High	0	4	4	4
Senior High	0	3	3	3
Junior College	0	0	1	1

5. Who records such health observations in the pupil's cumulative health record?

TABLE II (continued)

	Teacher	Nurse	Nurse's Aid
Elementary	21	17	14
Junior High	0	4	4
Senior High	0	3	1
Junior College	0	1	0

6. Are conferences held with parents, nurse, and specialists (if needed) to discuss the pupil's health problems?

	For selected pupils with unusual health problems	Such conferences are not held as a school responsibility
Elementary	16	0
Junior High	4	0
Senior High	3	0
Junior College	1	0

	Don't know	For all pupils with health problems
Elementary	1	13
Junior High	0	0
Senior High	0	0
Junior College	0	0

7. Who makes the original contact with a parent for a health conference on a pupils health problem?

	Principal	Vice-Principal	Nurse
Elementary	15	2	25
Junior High	1	1	4
Senior High	0	1	3
Junior College . . .	0	0	1

	Teacher	Counsellor
Elementary	2	0
Junior High	0	1
Senior High	0	0
Junior College . . .	0	1

8. What conditions make it difficult to have effective teacher-parent or nurse-parent conferences on the health problems of pupils?

TABLE II (continued)

Elementary	Lack of parental interest	14
	Hard to find a mutually suitable time	11
	Lack of a suitable place to hold such a conference	2
	Religious objections by the parent or the pupil or both	4
	Other: No problems	5
Junior High	Lack of parental interest	3
	Hard to find a mutually suitable time	3
	Lack of a suitable place to hold such a conference	0
	Religious objections by the parent or the pupil or both	0
	Other: No problems	1
Senior High	Lack of parental interest	3
	Hard to find a mutually suitable time	2
	Lack of a suitable place to hold such a conference 0	0
	Religious objections by the parent or the pupil or both	0
	Other: Economic conditions	1
	Parents cannot afford care so are reluctant to come for the conference	1
Junior College . . .	Lack of parental interest	0

TABLE II (continued)

Hard to find a mutually suitable time	0
Religious objections by the parent or the pupil or both	0
Lack of a suitable place to hold such a conference	0
Other: No problems	1

9. Are teachers notified of pertinent health findings by a physician, dentist, or other specialist regarding the health of a pupil?

	Yes	No	If it effects the pupils school adjustment
Elementary	27	0	0
Junior High	3	0	1
Senior High	3	0	0
Junior College	1	0	0

10. Where a physical examination indicates the presence of a health problem, do you feel that the follow-up is sufficiently thorough?

	Yes	No	Usually	Don't Know
Elementary	12	0	14	1
Junior High	3	0	1	0
Senior High	0	0	3	0
Junior College	0	0	1	0

11. Are the pupils in your school periodically weighed and measured?

	Yes	No
Elementary	27	0
Junior High	0	4
Senior High	2	0
Junior College	0	0

12. If yes, at what grade level or levels?

Elementary	all - 27
Junior High	
Senior High	10th - 3, 11th - 3, & 12th - 3
Junior College	Only on specific request - 1

13. If the pupils are weighed and measured, how often is this done?

	Monthly	Semi-Annually	Annually
Elementary	0	24	1
Junior High	0	0	0
Senior High	0	0	3
Junior College	Only on special request		

	Biennially	Don't Know
Elementary	1	0
Junior High	0	0
Senior High	0	0
Junior College	Only on special request	

14. If the pupils are weighed and measured, is this information recorded in the cumulative health records?

	Yes	No
Elementary	25	0
Junior High	0	0
Senior High	3	0
Junior College	1	0

15. If this information is recorded, who does it?

	Teacher	Nurse	Nurse's Helper
Elementary	3	4	24
Junior High	0	0	0
Senior High	0	3	0
Junior College	0	1	0

16. Is ther a regular schedule for the giving of hearing screening tests in your school?

	Yes	No
Elementary	27	0
Junior High	4	0
Senior High	3	0
Junior College	0	0

If yes, at what grade levels?

Elementary	2nd - 24, 4th - 25, upon referral - 24
Junior High	7th - 4, 8th - 0, 9th - 0
Senior High	10th - 2, Don't know - 1
Junior College	Only upon specific request - 1

17. Are the results of the hearing screening tests recorded in the cumulative health records of the pupils?

	Yes	No
Elementary	27	0
Junior High	4	0
Senior High	3	0
Junior College	1	0

18. If this information is recorded, who does it?

	Teacher	Nurse	Nurse's Helper	Audio-metrist
Elementary	0	3	0	27
Junior High	0	0	0	4
Senior High	0	0	0	3
Junior College	0	0	0	1

19. Is there a regular schedule for the giving of vision screening tests to the pupils in your schools?

	Yes	No	Only upon specific request
Elementary	27	0	0
Junior High	4	0	0
Senior High	3	0	0
Junior College	0	0	1

20. If vision screening is done in your school, who does it?

	Nurse	Class-room Teacher	Physical Education Teacher	Nurse's Helper
Elementary	4	27	0	0
Junior High	4	0	0	0
Senior High	3	0	0	0
Junior College	1	0	0	0

21. Are periodical dental inspections made of the pupils in your school by a dental technician?

	Yes	No
Elementary	27	0
Junior High	0	4
Senior High	0	3
Junior College	0	1

TABLE II (continued)

22. If dental inspections are not made of your pupils, do you think they should be?

	Yes	No	Don't Know
Elementary			
Junior High	2	1	1
Senior High	0	3	0
Junior College	0	1	0

23. If dental inspections are made of your pupils, do you think that the follow-up leading to needed corrections is effective?

	Always	Generally	Seldom	Don't Know
Elementary	0	14	8	4
Junior High	0	0	0	0
Senior High				
Junior College	0	0	0	1

24. For which of the following services do your teachers use the dental hygienist?

	Inspecting the pupil's teeth
Elementary	24

	Dental Education of the Pupils
Elementary	18
Junior High	2
Senior High	1

	Assisting the teacher in preparing dental health units for her class
Elementary	10
Junior High	2
Senior High	1

One elementary administrator indicated that he used the services of the dental technician to assist in conferences with parents.

One senior high school principal indicated that he did not use the services of the dental technician in any way.

25. Is dental care available for pupils whose parents cannot afford to pay for it?

	Always	Usually	Seldom	Never	Don't Know
Elementary	0	2	22	0	3
Junior High	0	0	3	0	1
Senior High	0	0	1	0	2
Junior College	0	0	0	0	1

26. Do all pupils at your school get a physical examination?

	Yes	No
Elementary	9	17
Junior High	0	4
Senior High	0	3
Junior College	0	1

If yes, at what grade levels?

	Urged upon entering school
Elementary	7

	Don't Know
Elementary	1

	Only those in inter-school athletics or upon special referral.
Senior High	2
Junior College	1

27. Are provisions made for the medical diagnosis and treatment of pupils with health problems whose parents are not financially able to pay for the services of a private practicioner?

	In all cases
Elementary	7
Junior High	2
Senior High	0
Junior College	0

	Usually, but not always
Elementary	13
Junior High	0
Senior High	2
Junior College	0

TABLE II (continued)

	Only in cases where prompt action is imperative
Elementary	3
Junior High	0
Senior High	1
Junior College	0

	No such arrangements have been made
Elementary	2
Junior College	1

28. Where are the cumulative health records of the pupils kept?

	In the principal's office
Elementary	5
Junior High	0
Senior High	3
Junior College	0

	In the nurse's office
Elementary	1
Junior High	4
Senior High	0
Junior College	1

	In the teacher's room
Elementary	22
Junior High	0
Senior High	0
Junior College	0

29. Are health facts concerning pupils sometimes recorded in the cumulative health records in technical language that teachers do not readily understand?

	Yes	No	Don't Know
Elementary	18	7	1
Junior High	0	3	0
Senior High	1	2	0
Junior College	0	0	1

	The nurse explains any problems to the teacher
Elementary	0
Junior High	2
Senior High	2
Junior College	1

TABLE II (continued)

II. EMERGENCY CARE PROCEDURES

30. Does each teacher in your school have a copy of the written "Guide for Emergency Care - Accidents and Illness"?

	In Faculty Handbook	Yes	No
Elementary	0	24	3
Junior High	0	2	2
Senior High	1	1	1
Junior College	0	0	1

31. Is it written so the teachers can understand it?

	Yes	No
Elementary	26	0
Junior High	3	1
Senior High	2	0
Junior College	1	0

32. Does it contain the necessary information?

	Too much material, Out of date	Yes	No
Elementary	0	26	0
Junior High	1	3	1
Senior High	0	2	0
Junior College	0	1	0

33. Have you discussed the school district policy regarding accident liability with your teachers in a faculty meeting since the beginning of the current school year?

	Yes	No
Elementary	23	4
Junior High	4	0
Senior High	3	0
Junior College	1	0

34. Have you discussed the school district policy regarding the transportation of ill or injured pupils with your teachers since the beginning of the current school year?

	Yes	No
Elementary	15	12
Junior High	4	0
Senior High	2	1
Junior College	1	0

TABLE II (continued)

35. In your school, who regularly administers the usual first aid treatment?

	Principal	Vice-Principal	Teacher	Secretary
Elementary	20	27	2	26
Junior High	0	0	0	0
Senior High	0	0	0	1
Junior College	0	0	0	1

	The Nurse	Physical Education Teacher	Home Economics Teacher
Elementary	4	0	0
Junior High	4	4	4
Senior High	3	3	3
Junior College	1	1	1

36. Have you at any time taken the Red Cross first aid course or another course of comparable caliber in first aid?

	Yes	No
Elementary	24	3
Junior High	2	2
Senior High	3	0
Junior College	1	0

37. Does the school district require those administering first aid to keep in force a valid first aid certificate?

	Yes	No	Don't Know
Elementary	24	3	0
Junior High	3	0	1
Senior High	3	0	0
Junior College	0	0	1

38. Where are the first aid kits located in your school?

Elementary Schools	
In the principal's office	27
In the classrooms	7
In the multi-purpose room	1
In the basement	1

Junior High Schools	
In the principal's office	4
In the laboratories	4
In the nurse's quarters	4

TABLE II (continued)

In the shops 4
In the home economics rooms 4
In the classrooms 2
In the gymnasiums 4
In the cafeterias 4
In the custodian's quarters 4

Senior High Schools

In the principal's office 3
In the laboratories 3
In the nurse's quarters 3
In the shops 3
In the home economics rooms 3
In the classrooms 11
In the custodian's quarters 3
In the attendance office 2
In the gymnasium 3

Junior College

In the principal's office 1
In the laboratories 1 1
In the nurse's quarters 1
In the shops. 1
In the home economics rooms 1
In the gymnasium. 1
In the physical education rooms . . 1
In the custodian's quarters 1
In the attendance office. 1
In the maintainence repair shop . . 1

39. When the family of an injured pupil cannot be reached and where there is no known family doctor, what steps do you take with a pupil whose injury seems to require immediate medical attention?

Elementary Schools

Get whatever care the emergency hospital will give — 22

Have the injured pupil taken to the County Hospital — 14

Have the injured pupil treated by a doctor of your own choosing — 3

Junior High Schools

Get whatever care the emergency hospital will give — 3

TABLE II (continued)

Have injured pupil taken to the County Hospital — 3

Notify police and sheriff's office to help find the parents — 2

Procedure depends upon the seriousness of the injury — 1

Medical care cannot be given without the parent's consent — 1

Senior High Schools

Get whatever care the emergency hospital will give — 3

Have injured pupil taken to the County Hospital — 2

No doctor or hospital will proceed beyond emergency care because of the legal liability — 1

Junior College

Get whatever care the emergency hospital will give — 1

Have injured pupil taken to the County Hospital — 1

40. How would you rate the emergency hospital facilities and services that are presently available to the schools?

	Excellent	Good	Fair	Inadequate	Don't Know
Elementary	4	7	6	9	1
Junior High . . .	0	0	2	2	0
Senior High . . .	0	0	1	1	1
Junior College . .	0	0	1	0	0

41. If you feel that the present emergency hospital services that are available to the schools are inadequate, what additional emergency care do you think should be provided for school pupils?

TABLE II (continued)

	When parents cannot be contacted and sutures are necessary, such care should be provided by the emergency hospital
Elementary	13
Junior High	2
Senior High	3
Junior College	1

	A doctor should be available at the emergency hospital to treat emergencies as they are brought in
Elementary	17
Junior High	4
Senior High	3
Junior College	1

Other replies from Elementary Schools	
County schools should be allowed to use the facilities of the emergency hospital	2
Doctors should be on call from the emergency hospital	2
The principal should be authorized to act on behalf of the parents when they cannot be located	1

III. MENTAL HEALTH

42. Do you believe that there is enough psychiatric consultant service available to the schools to properly help those pupils with emotional problems and to give the teachers help in planning for the special needs of such pupils?

	Yes	No	Usually
Elementary	11	8	2
Junior High	0	4	0
Senior High	0	2	1
Junior College	0	0	1

TABLE II (continued)

43. Do you believe that the follow-up on referrals of pupils with mental or emotional problems is prompt enough?

	Yes	No	Usually
Elementary	15	10	2
Junior High	1	2	1
Senior High	0	2	1
Junior College	0	0	1

44. When placement in a special class is indicated as a result of analyzing the needs of a pupil, is such service readily available without delay?

	Not a problem	Yes	No	Usually
Elementary	0	6	12	7
Junior High	0	0	13	1
Senior High	0	0	3	0
Junior College	1	0	0	0

IV. EXCLUSION AND READMISSION OF PUPILS ABSENT BECAUSE OF ILLNESS

45. Do you exclude pupils from class who complain of illness or who appear to be ill?

	Always	Generally	Rarely
Elementary	12	15	0
Junior High	1	3	0
Senior High	1	2	0
Junior College	0	1	0

46. What procedures do you follow in excluding such pupils?

	Elementary Schools
Send them to the principal's office	23
Send them to the nurse	5
Call the parent to come and get the pupil	22
Call someone previously designated by the parent or guardian if no one is available at the pupil's home	19

TABLE II (continued)

Call the family doctor, if one is known	5
Keep the pupil in the room until the class period is over or until school is dismissed	1
Have him lie down in the office until the parents can come for him or until school is dismissed	4
Junior High Schools	
Send him to the nurse	4
Call the parents to come and get the pupil	4
Call someone previously designated by the parent or guardian if no one is available at pupil's home	3
Call the family doctor if one is known	3
Keep the pupil in the room until the class period is over or until school is dismissed	1
Permit student to go home after phoning to be sure that someone is there	1
Senior High Schools	
Send him to the nurse	3
Call the parents to come and get the pupil	1
Call someone previously designated by the parent or guardian if no one is available at pupil's home	1
Permit student to go home after phoning to be sure that someone is there	1

TABLE II (continued)

	Junior College
Send him to the nurse's office	1
Call the parents to come and get the pupil	1
Call the family doctor, if one is known	1
Permit the student to go home himself	1

47. What conditions make it difficult to exclude students who appear ill from their classes?

	Elementary Schools
No one home to care for the child if he is sent home	24
No phone at home with which to contact parents	15
Lack of information on how to contact parents	2
No place at school for temporary care	9
No problems	2

	Junior High Schools
No one at home to care for the child if he is sent home	3
No phone at home with which to contact parents	2
Lack of information on how to contact parents	1

	Senior High Schools
No one at home to care for the child if he is sent home	2
No phone at home with which to contact parents	3

TABLE II (continued)

	Lack of information on how to contact parents
	1

Junior College	
This is not a problem at this level	
	1

48. Do your teachers have a copy of the rules and regulations governing the handling of pupils with communicable disease?

	Send to the nurse	Yes	No
Elementary	0	22	4
Junior High	0	3	1
Senior High	0	2	1
Junior College	1	0	0

49. Have you discussed the rules for handling pupils with communicable disease with your teachers during this school year?

	Yes	No
Elementary	12	14
Junior High	3	1
Senior High	2	1
Junior College	0	1

50. Do you have a room where ill pupils can be isolated while they are awaiting removal to their homes?

	Yes	No
Elementary	19	7
Junior High	4	0
Senior High	3	0
Junior College	1	0

51. With the exception of minor communicable diseases and skin disorders, is a physician's consent usually required for the readmission to school of pupils who have been absent because of illness?

	Yes	No
Elementary	8	19
Junior High	0	4
Senior High	1	2
Junior College	0	1

APPENDIX C

STRUCTURED INTERVIEW WITH THE CONSULTANT IN HEALTH, PHYSICAL EDUCATION AND RECREATION FOR THE STOCKTON UNIFIED SCHOOL DISTRICT

APPENDIX C

STRUCTURED INTERVIEW WITH THE CONSULTANT IN HEALTH, PHYSICAL EDUCATION AND RECREATION

I. ORGANIZATION AND ADMINISTRATION OF THE SCHOOL HEALTH SERVICES

1. Exactly what is included in the area for which you have supervisorial responsibility?

2. Do you have supervision of the entire school health program for all of the schools in the Stockton Unified School District?

3. Are the school district health policies available in written form?

4. Is there an over-all health council or committee of teachers, administrators, health specialists, and representatives of community groups to help plan and co-ordinate the school health program?

   If so, what is the composition of this committee? How are the members of the committee selected?

5. Do local physicians participate in planning the school health program?

   If so, in what way?

6. Do local dentists participate in planning the school health program?

   If so, in what way?

7. Is the school health program co-ordinated with the total health program of the community?

   If so, in what way?

8. Is there a planned program for interpreting the school health program to school personnel, pupils, parents, private physicians, dentists, and interested community groups?

   If so, explain this program.

APPENDIX C (continued)

9. Are there periodic in-service education programs dealing with health education for all members of the teaching staff?

   If so, explain.

10. Are school district personnel included in periodic in-service teacher-education programs in school health education?

11. Are there arrangements for providing nursing services, either through direct employment of school nurses or through contract with the local health department?

12. What nursing service is provided through agreement by the San Joaquin Local Health District?

13. What nursing service is provided directly by the Stockton Unified School District for its schools?

14. What is the formula used for determining how much nursing service shall be made available to the elementary schools?

15. What is the formula for determining how much nursing service shall be made available to the secondary schools? (Grades 7-14)

16. Is any nursing service provided for the schools by any other agency besides the school district itself or the San Joaquin Local Health District?

   If so, by whom and under what arrangements?

17. Is nursing service adequate?

   In elementary?
   In secondary?

II. HEALTH APPRAISAL AND HEALTH CONSULTATION

18. Do all children get a health examination by a physician at the time they enter the elementary school (either a family physician, a Health District physician, or a school physician)?

APPENDIX C (continued)

19. When are physical examinations required in the Stockton schools?

    When are physical examinations recommended by the Stockton schools?

20. In what ways does the school health program emphasize the importance and use of the family physician in providing medical examinations?

21. What provisions are made for health examinations of children whose parents cannot afford the services of a private practitioner?

22. What proportion of these physical examinations are done at school?

23. Does the Stockton Unified School District keep a cumulative record for each student?

    What forms in the cumulative record deal with a students health problem?

24. Are parents usually present during physical examinations that are done at school?

25. Does the Stockton Unified School District use any form of student Health Inventory?

26. Do the teachers conduct the actual vision screening tests?

    At the elementary level?
    At the secondary levels? (Grades 7-14)

27. Are pupils who fail any part of the vision screening test rechecked by the school nurse before referral to the parents for further tests by a specialist?

28. Are there any provisions for further eye testing by a specialist where the need is indicated and where the parents are unable or unwilling to pay for the service of a private practitioner?

    If so, what are these provisions?

29. Are teachers informed when any of their students have serious visual defects? Always ___, usually ___, sometimes ___, seldom ___.

    If so, by whom?

APPENDIX C (continued)

30. Does the school district have a regular schedule for giving hearing screening tests?

    If so, what is the schedule?

31. Are the hearing screening tests given by a certificated audiometrist?

32. Are pupils, who fail the initial hearing screening test, retested before being referred to their parents for medical follow-up?

33. Is there any follow-up by health services personnel after a student has been referred to his parents for medical care?

    If so, how and by whom?

34. Do the teachers receive information as to what educational adjustments are necessary to insure the best educational progress for pupils with hearing defects?

    If so, how and by whom?

35. What is the regular schedule for giving dental inspection to students?

36. Are provisions made for emergency dental examination of children who need such attention and who are not in classes regularly scheduled for such examinations?

    If so, what are the procedures?

37. Are provisions made for needed dental care of children whose parents are unable or unwilling to pay for the services of a private practitioner?

    If so, what are the arrangements?

38. Does the school health program emphasize the prompt correction of dental defects?

    If so, how?

39. Is there an on-going program to educate the public on the desirability of water flouridation?

    If so, how is it conducted?
    If not, what are your recommendations?

APPENDIX C (continued)

40. According to school district policy, how often are the students weighed and measured?

    In the elementary schools? (Grades k-6)
    In the junior high schools? (Grades 7-9)
    In the senior high schools? (Grades 10-12)
    In the junior college? (Grades 13-14)

41. Is such information recorded in the cumulative record folder?

42. Are students who have not made satisfactory weight or growth gain referred to the school nurse?

    If so, what action is usually taken by the nurse?
    If not, what would you recommend?

43. Who makes referrals to the proper agencies of students who exhibit physical, mental, or emotional problems?

44. Do teachers receive information from the school nurse or physician regarding the health status and follow up on pupils that they have referred for possible medical treatment?

45. If students have health problems that need attention, are the parents informed?

    If so, by whom?
    If not, what would you recommend?

46. Is there any follow-up by school health personnel on cases that have been referred to the parents for possible medical attention?

    If so, by whom and what is the procedure?

47. Do the nurse and teacher meet periodically to discuss the health status of pupils and the findings of the observations of the nurse and the teachers?

    At the elementary school level? (Grades k-6)
    At the junior high school level? (Grades 7-9)
    At the senior high school level? (Grades 10-12)
    At the junior college level? (Grades 13-14)

48. Are arrangements made for parents to visit the school and to confer with the nurse and/or the teacher during health appraisals or by special appointment?

APPENDIX C (continued)

49. Does the cumulative health record contain information on health appraisals, immunization status, and special health problems with the report on the follow-up on these problems?

50. Is the health record kept as a part of the total cumulative record of each student?

51. Is the health record used continually for the guidance of the student and for interpreting his health needs?

52. Is the cumulative health record transferred with other school records when the student moves from one school to another?

53. Are teachers and other school personnel instructed through discussion, written instructions, and/or charts, to recognize signs of possibly contageous diseases?

III. EXCLUSION AND READMISSION OF STUDENTS ABSENT BECAUSE OF ILLNESS

54. Are there written policies and procedures for the exclusion and readmission of children absent because of illness?

If so, where can they be found?

55. Are there definite policies and procedures for the care of children who have been excluded from their classes because of illness and who are awaiting removal to their homes?

If so, where can they be found?

56. Are suspected cases of communicable diseases reported to the Local Health Department?

57. What immunization programs are currently in operation in the schools of the Stockton Unified School District?

58. Are all of these immunization plans operative in all of the schools of the school district?

59. Is there a specific program for the detection and control of tuberculosis through the tuberculin testing

APPENDIX C (continued)

of pupils in the local school district?

If so, what is the program?

IV. EMERGENCY CARE PROCEDURES

60. Are there written policies governing the emergency care and treatment of injuries that occur at school?

If so, do these instructions seem to be clear and sufficiently detailed?
Where can the teachers find these instructions?

61. Is there a written policy on handling emergency accidents?

62. Who administers first aid to the students?

63. Do teachers and other school personnel receive annual instruction from qualified persons in the giving of first aid?

64. What, in brief, are the procedures to be followed in handling an emergency accident or illness at school, according to the written policy of the school district?

65. Is it policy to make a report to the central office of any accident that occurs at school?

Who is charged with this responsibility?

66. Is an evaluation made to try to determine the cause of accidents that occur at school?

67. How often is it policy to inspect first aid kits for the adequacy of supplies and equipment?

Where are first aid kits kept in the school?
Who bears this responsibility?

68. Are administrators, teachers, and all other school personnel required to have periodic medical examinations?

If so, how often?

APPENDIX C (continued)

69. Are administrators, teachers, and all other school personnel required to have an annual chest X-ray?

    If so, who bears the cost of these C-rays?

70. What medical attention does the Emergency Hospital provide for children who are brought in after being injured at school?

    Clean and dress the wound?
    Provide a doctor to care for injuries that require medical attention?
    Suture wounds where this is necessary?
    Call the family doctor when one is known?
    Provide a doctor for children needing medical care for an injury when the child has no family doctor or when the family is unable to pay for the services of a private practitioner?
    Other:

71. Is there a doctor continually on duty at the Emergency Hospital?

72. If an ambulance is necessary to transport a child injured at school, who provides it?

    The Emergency Hospital?
    Commercial ambulance companies?
    The Stockton Unified School District?
    The San Joaquin Local Health District?
    The city?
    San Joaquin County?

73. What provisions are made to give needed medical attention to a student who is injured at school when the family cannot be contacted and where there is no family doctor?

74. What additional services do you feel would be desirable to have available at the Emergency Hospital to care for students who are injured at school?

75. How much health clerk time is available to the junior high schools?

    Is this sufficient?

APPENDIX C (continued)

76. How much health clerk time is available to the senior high schools?

    Is this sufficient?

77. How much health clerk time is available to the junior college?

    Is this sufficient?

78. Does the small amount of health clerk service detract from the effectiveness of the nursing service?

    If so, how?

79. What would you recommend?

APPENDIX D

STRUCTURED INTERVIEW WITH THE CHIEF HEALTH OFFICER OF THE SAN JOAQUIN LOCAL HEALTH DISTRICT

APPENDIX D

STRUCTURED INTERVIEW WITH THE CHIEF HEALTH OFFICER

1. By school district policy, parents are expected to submit their children to a medical examination when they first enter the Stockton schools. Where are these examinations given?

   ___ At the schools
   ___ At the San Joaquin Local Health District Offices
   ___ By private physicians in their own offices
   ___ Other:

2. Are parents usually present when these examinations are given?

3. Only one physical examination is requested of all pupils by the school district, as pointed out above. How often do you feel the school district ought to request such an examination of all students?

   ___ Semi-annually
   ___ Annually
   ___ Every two years
   ___ Other

4. When a physical examination discloses a remediable physical defect, do you feel that the follow-up by the school district and health district personnel is as effective as possible in seeing that the student gets the indicated treatment?

   What is the usual follow-up procedure?

5. Are you aware of any peculiarly local conditions that pose special local health problems for children of school age?

   If so, what are they?
   What steps are being taken to meet these problems?

6. Is there a specific program for the detection and control of tuberculosis through the tuberculin testing of pupils in the local health district?

   If so, what is it?

7. List what you consider to be the most serious local health problems.

8. Does the San Joaquin Local Health District participate in planning improvements in the school health services?

   If so, in what way?

9. Do you feel that there is any wasteful duplication of effort between the San Joaquin Local Health District personnel and the Stockton Unified School District personnel in trying to provide adequate health services to the local schools?

   If so, in what respects?
   What remedies would you suggest?

10. Is the agreement with the Stockton Unified School District for supplying nursing service to the Stockton schools satisfactory to the San Joaquin Local Health District?

    Any suggested changes?

11. Do you feel that the amount of nursing service provided for the Stockton schools is adequate?

    If not, how much nursing time do you think the schools should have at the various levels?
    Elementary (K through grade 6)
    Junior High School (Grades 7 through 9)
    Senior High School (Grades 10 through 12)
    Junior College (Grades 13 and 14)

12. What are the special services mentioned in section 4 of the agreement with the Stockton Unified School District regarding the health services to be provided by the San Joaquin Local Health District for the Stockton schools?

13. Is this agreement between the health district and the school district unique in any way?

    If so, in what way?

14. Who supplies and pays the health clerks for the schools in Stockton?

15. What are the duties of the Health Clerks?

APPENDIX D (continued)

16. Is there any written or oral agreement with the Stockton Unified School District regarding who shall supply or pay the health clerks or who shall supervise their work?

    If so, what are the details of this agreement?

17. At what grade levels in the Stockton schools do the students get regular vision screening tests?

    In the elementary schools?
    In the junior high schools?
    In the senior high schools?
    In the junior college?

18. Do you feel that the above vision screening schedule is adequate?

    If not, how often would you recommend such a screening test?

    ___ Semi-annually
    ___ Annually
    ___ Every two years
    ___ Other

19. What is the follow-up procedure when a vision screening test indicates a need for further testing?

20. In your opinion, is this follow-up reasonably effective?

    If not, what would you recommend?

21. When the need for glasses is clearly demonstrated, is it always possible to get glasses for every student who needs them, even when the family is unable or unwilling to bear the cost?

22. What different organizations are locally helping to supply glasses to children who cannot afford them?

23. At what grade levels in the Stockton schools do the students get a regular hearing screening test?

    In the elementary schools?
    In the junior high schools?
    In the senior high schools?
    In the junior college?

APPENDIX D (continued)

24. Do you feel that the hearing screening test schedule is adequate?

    If not, how often would you recommend such tests?
    ___ Semi-annually
    ___ Annually
    ___ Every two years
    ___ Other

25. What is the follow-up procedure when a screening test indicates a serious loss of hearing?

26. In your opinion, is this follow-up reasonably effective?

27. When the hearing loss is of such a nature that a hearing aid is needed, is it always possible to get one for a child when his family is unable or unwilling to bear the cost?

28. What different organizations are locally helping to supply hearing aids to children who cannot afford them?

29. What services are locally provided for those children whose hearing loss is of such a nature that a hearing aid will not help?

30. Are any additional services needed for children who have a serious hearing loss?

    If so, what would you recommend?

31. What services are offered locally for those children who are physically handicapped in other aspects than in hearing or eyesight?

32. Are any additional services needed for these physically handicapped children?

    If so, what would you recommend?

33. What services are offered locally for those children who are mentally handicapped?

34. Are any other services needed for those children who are mentally handicapped?

    If so, what would you recommend?

APPENDIX D (continued)

35. At what grade levels in the Stockton schools do the students get a dental inspection by the Dental Hygienist?

    In the elementary schools?
    In the junior high schools?
    In the senior high schools?
    In the junior college?

36. Do you feel that the above inspection schedule is adequate?

    If not, how often would you recommend such an inspection at school?
    ___ Semi-annually
    ___ Annually
    ___ Every two years
    ___ Other

37. When an inspection by the Dental Hygienist indicates the need for dental care, what is the usual follow-up procedure?

38. In your opinion, is this follow-up procedure reasonably effective?

    If not, what would you recommend?

39. When a child is in need of dental care, is it always possible to get it for him when the parents are unable to bear the cost?

40. What dental care is available for children whose parents cannot pay for it?

41. To the best of your knowledge, is there any group actively planning to help provide dental care for needy children?

    If so, what groups are active in this planning?
    What services are they planning to provide?

42. Are there any other agencies providing health services to children of school age other than the Stockton Unified School District and the San Joaquin Local Health District?

    If so, what are the agencies?
    What services are they providing?

APPENDIX D (continued)

43. What do you understand the function of the Emergency Hospital to be?

44. Why is it that there is no doctor on duty at the local Emergency Hospital?

45. Do you feel that a doctor should be on duty at the Emergency Hospital?

46. Does the San Joaquin Local Health District have any responsibility in connection with the operation of the Emergency Hospital?

    If so, in what respect?

47. Would you review briefly the total program of school health services over which you have direct supervision?

APPENDIX E

STRUCTURED INTERVIEW WITH THE DIRECTOR OF SPECIAL EDUCATION FOR THE STOCKTON UNIFIED SCHOOL DISTRICT

APPENDIX E

STRUCTURED INTERVIEW

WITH THE DIRECTOR OF SPECIAL EDUCATION

1. Are group intelligence tests and follow-up individual tests used to identify the mentally handicapped?

   What is the usual procedure?

2. Which of the following are used to help identify those students with emotional handicaps?

   ___ Teacher observation
   ___ Physical examinations
   ___ Checking family histories
   ___ Clinical or special services consultations
   ___ Analysis of behavior patterns (nail biting, temper tantrums, withdrawing, etc.) by a person trained in this field.
   ___ Nurse observation
   ___ Consultation within the school
   ___ Projective testing techniques
   ___ Other

3. Are individual psychological examinations of pupils administered and interpreted only by trained and certified personnel?

   If not, who does this type of evaluation or who assists with it?

4. Do you feel that there is sufficient psychiatric consultant service available to the schools to properly help those students with emotional problems?

   If not, can you suggest a formula that, in your opinion, would provide a satisfactory amount of such service?

5. In your opinion, is your follow-up on referrals of students having mental or emotional problems sufficiently effective?

6. Do you have sufficient psychiatric consultant help available to properly assist teachers who have students with mental or emotional problems?

APPENDIX E (continued)

7. Are referral forms and cumulative records available to facilitate action in cases that are referred for further action?

   What is the usual referral procedure?

8. Who of the following make recommendations to the Superintendent as to the nature and extent of the special educational services program?

   ___ Teacher committees
   ___ Special Education supervisory personnel
   ___ Consultants in special fields
   ___ Other

   What is the usual procedure in making such a recommendation?

9. Who determines the nature and extent of a student's disability?

   For the physically handicapped?
   For the mentally and emotionally handicapped?

10. Is admission of a student to special education class recommended by committees of appropriate educational and medical specialists?

    What is the usual procedure in such admissions?

11. Is the active co-operation of the parents solicited in setting up a needed education adjustment program for a child?

    If so, in what way? If not, what would you recommend?

12. What are some of the appropriate adjustments that are made in the physical equipment of the classroom for the benefit of students who have physical handicaps?

13. What are some of the appropriate adjustments that are made in the scheduling of classes for students with handicaps?

14. For which of the following handicapped groups are special education programs provided?

	For Some	For All
The partially sighted	___	___
The blind	___	___

APPENDIX E (continued)

	For Some	For All
The hard of hearing 1	___	___
The deaf.	___	___
The orthopedically handicapped. .	___	___
The cerebral palsied.	___	___
Those needing speech correction .	___	___
The educable mentally retarded. .	___	___
The severely mentally retarded. .	___	___
The home bound	___	___
Others	___	___

15. Is there a continuing parent-education program in the areas of special educational services that are operated by the Stockton Unified School District?

    If so, how does it operate?
    If not, what would you recommend?

16. Are in-service activities provided for the teachers to improve the special education programs?

17. Are all special education classes in charge of regularly credentialed teachers? (Not those with provisional certificates).

    If not, why?
    Can you suggest a remedy?

18. Does the school district offer any special inducement to attract competent teachers for the special education classes?

    If so, what and how?
    Can you offer any recommendations for improving the above situation, as it presently exists?

19. Who does the student counseling at the elementary level?

    Are there any full time counselors in the elementary schools?
    If so, how many?
    How do they function?

20. Do you believe that there are enough guidance and counseling services available in the Stockton Unified School system to children, parents, and school personnel to properly help students with emotional problems?

    Please explain your opinion.

APPENDIX E (continued)

21. Who does the counseling in the junior high schools?

    Are there any full time counselors in the junior high schools?
    If so, how many?
    How do they function?
    Are there any part time counselors in the junior high schools?
    If so, how much time doesthe part time counselor usually devote to counseling?
    How is the number of students assigned to a counselor determined?
    How many students does a part time counselor have to counsel?

22. Who does the counseling in the senior high schools?

    Are there any full time counselors in the senior high schools?
    If so, how many?
    How do they function?
    How many students are assigned to a full time counselor?
    Are there any part time counselors in the senior high schools?
    How many students are assigned a part time counselor?
    If so, how much time does the part time counselor usually devote to counseling?
    How is the number os students assigned to a counselor determined?

23. Who does the counseling at the junior college level?

    Are there any full time counselors in the junior college?
    If so, how many?
    How do they function?
    How many students are usually assigned a full time counselor?
    Are there any part time counselors in the junior college?
    If so, how many?
    How do they function?
    How many students are usually assigned a part time counselor?

APPENDIX F

STRUCTURED INTERVIEW WITH THE CO-ORDINATOR OF ATHLETICS FOR THE STOCKTON UNIFIED SCHOOL DISTRICT

APPENDIX F

STRUCTURED INTERVIEW WITH THE COORDINATOR OF ATHLETICS

1. At what levels in the secondary schools do you supervise the physical education program?

2. How are the students classified for physical education classes at the junior high school level? (Grades 7-9)

   ___ According to grade placement only
   ___ According to physical fitness tests
   ___ According to skill tests
   ___ According to a combination of the above
   ___ Other

3. How are the students classified for physical education classes at the senior high school level? (Grades 10-12)

   ___ According to grade placement only
   ___ According to physical fitness tests
   ___ According to skill tests
   ___ According to a combination of the above
   ___ Other

4. How are the students classified for physical education classes at the junior college level? (Grades 13-14)

   ___ According to grade placement only
   ___ According to physical fitness tests
   ___ According to skill tests
   ___ According to a combination of the above

5. Are physical education teachers and athletic coaches required to have taken the Red Cross first aid training course or a course of comparable caliber?

   If so, are they required to take refresher courses at the intervals required to keep their first aid certificates valid?

6. Are physical education teachers required to render first aid for the common minor injuries that might happen during their class activities?

   If not, who does this?

7. Do physical education teachers have adequately furnished first aid kits easily accessible while their classes are in session?

8. Where are the first aid kits usually kept that the physical education instructors are expected to use?

9. Are girls occasionally excused from the more strenuous physical education activities?

If so, under what limitations?

___ The early part of the menstrual period
___ Upon the request of the nurse
___ Upon the request of a doctor
___ Upon the request of a parent
___ Other

10. Do some students make frequent requests to be excused from physical education classes?

11. Are some students able to get blanket excuses from physical education activities from their doctors when merely curtailing the more strenuous aspects of their activities for a short time would be sufficient?

12. Are the physical education students periodically weighed and measured in the junior high schools?

If so, how often is it the policy to do this?

13. Are the physical education students periodically weighed and measured in the senior high schools?

If so, how often is it the policy to do this?

14. Are the physical education students periodically weighed and measured in the junior college?

If so, how often is it the policy to do this?

15. If the physical education students are weighed and measured at any or all of the secondary school levels, are these weights and heights recorded in the cumulative health records?

If so, who does this recording?

16. Where are the cumulative records kept?

APPENDIX F (continued)

17. Do secondary school teachers frequently go to these cumulative records in quest of pertinent information about their students?

    If not, how are the teachers made aware of any health problems that might affect the degree of success a given student might be expected to achieve in either academic or physical education?

18. Is there a nurse on full time duty at each junior high school?

    If not, how much nursing service is provided a junior high school?

19. Is there a nurse on full time duty at each senior high school?

    If not, how much nursing service is provided a senior high school?

20. Is there a nurse on full time duty at the junior college?

    If not, how much nursing service is provided the junior college?

21. Do you feel that the amount of nursing service provided the secondary schools in the Stockton Unified School District is enough to meet their needs?

    If not, what would you recommend?

22. Is there an intramural sports program in the schools under your supervision?

    If so, at what levels? At all schools of these levels?

23. How are the students classified for participation in intramural athletic contests?

    ___ According to grade placement only
    ___ According to physical fitness tests
    ___ According to skill tests
    ___ According to a combination of the above
    ___ Other

24. What is the lowest grade in which a student may be enrolled who takes part in an inter-school athletic contest?

25. How are junior high school students classified for participation on teams that engage in inter-school athletic contests?

___ According to grade placement only
___ According to skill tests
___ According to a combination of the above
___ According to C.I.F. classifications
___ Other

26. How are senior high school students classified for participation on teams that engage in inter-school athletic contests?

___ According to grade placement only
___ According to physical fitness tests
___ According to skill tests
___ According to a combination of the above
___ According to C.I.F. classifications
___ Other

27. How are junior college students classified for participation on teams that engage in inter-school athletic contests?

___ According to grade placement only
___ According to physical fitness tests
___ According to skill tests
___ According to a combination of the above
___ According to C.I.F. classifications
___ Other

28. Are students required to pass a careful medical examination before being allowed to join athletic teams that will engage in inter-school athletic contests?

29. Are any other periodical medical examinations required for members of competitive athletic teams during the season of competition, other than an examination following an illness or injury?

If so, explain
If not, what would you recommend?

30. Is a doctor in attendance at inter-school athletic contests?

In basketball?

APPENDIX F (continued)

In baseball?
In track meets?
In any other inter-school athletic contests?
If not, what would you recommend?

31. In the event that an athletic is injured during an inter-school athletic contest, who pays the cost of any medical care necessary?

32. Is a doctor's approval required before allowing an injured athletic to re-enter inter-school athletic competition?

33. Who administers first aid to the members of the inter-school athletic teams?

At the junior high school level?
At the senior high school level?
At the junior college level?

APPENDIX G

A COPY OF

THE AGREEMENT BETWEEN THE SAN JOAQUIN LOCAL HEALTH DISTRICT AND THE STOCKTON UNIFIED SCHOOL DISTRICT REGARDING THE PROVISION OF CERTAIN SCHOOL HEALTH SERVICES

APPENDIX G

COPY OF AGREEMENT BETWEEN HEALTH DISTRICT AND SCHOOL DISTRICT FOR PROVIDING CERTAIN HEALTH SERVICES

Whereas, pursuant to the provisions of Section 16417 of the Education Code of the State of California, the governing board of any school district may provide for proper health supervision of the school building and the pupils enrolled in the public schools under its jurisdiction, and

Whereas, the San Joaquin Local Health District has in its employ supervisors of health qualified under the Education Code to perform health services for school districts, and

Whereas, Section 16426 provides for appropriate contracts between a local health district and the governing board of any school district,

Now, therefore, it is hereby agreed that:

1. The administration of the school health program in the elementary schools of the School District shall be the responsibility of the District Health Officer. Employees of the Health District performing health services in the schools shall be under its supervision.

2. The San Joaquin Local Health District shall render, between September 1, 1957 and June 30, 1958, a basic service of 35 hours of public health nursing, audiometric and/or dental hygiene service for each 100 pupils enrolled in the elementary schools of the School District.

3. The San Joaquin Local Health District will also provide a minimum of 4 hours of audiometric and/or dental hygiene services for each 100 students enrolled in the Junior and Senior high schools of the School District. The Stockton Unified School District will provide all nursing services for these schools.

4. In addition to the basic services herein specified, the Local Health District will provide special

APPENDIX G (continued)

services for not less than 300 hours of medical and psychiatrict time in behalf of said District.

5. It is understood and agreed that this contract shall be effective for a period of one (1) year, commencing on July 1, 1957, and terminating on June 30, 1958, provided, however, that this agreement shall be automatically extended for one-year periods from and after July 1, 1958, unless either party terminates it by a sixty (60) day written notice.

STOCKTON UNIFIED SCHOOL DISTRICT—Stockton, California
Registration and Vital Statistics Record — Form CR-4—Elementary

Name
Student..... Assigned To.....
LAST FIRST MIDDLE GRADE TEACHER DATE

Sex: M..... F..... Twin..... Birth Date.....
MONTH DAY YEAR

..... Phone:.....
ADDRESS

Proof of
Birthdate Verified by.....

Last School Attended.....

Birth
Place (City)....., State.....

City..... State..... Date Left.....

Last Stockton School Attended..... Date Left.....

Father
(Full Name)..... Living..... Where Employed:.....

If Stepfather (Name)..... Where Employed:.....

Mother
(Full Name)..... Living..... Where Employed:.....

If Stepmother (Name)..... Where Employed:.....

If living with other than Father or Mother
Name..... Relation..... Where Employed:.....

Martial Status of
Parents: Together..... Separated..... Divorced..... Martial Status of Steparents.....

What Injuries or Illnesses
Since Last Year:.....

	Name	Birth Mo. & Yr.	Name	Birth Mo. & Yr.
Brothers and Sisters Under 18				

What Immunizations Since Last Year
Show
Date: Diphtheria..... Tetanus..... Smallpox..... Polio.....

Health Reason Why Child Should Not Take Part In All School Activities } .....
.....

In Case of Injury or Sickness and Parents Cannot be Reached:

Notify Whom..... Phone.....

Alternate Action..... Phone.....
DOCTOR, HEALTH ADVISOR OR TO EMERGENCY OR COUNTY HOSPITAL

Signature of Parent or Person
With Whom Student Lives:..... Date.....

CIVIL DEFENSE DURING SCHOOL HOURS:

In Case of an Evacuation Alert Do You Wish Your Child Evacuated Directly From School? Yes ☐ No ☐

If You Have a Car to Help Evacuate, How Many Student Passengers Will You Carry? .....

10/60 **IF STUDENT IS ENTERING STOCKTON SCHOOLS FOR FIRST TIME FILL OUT BACK**

Figure 1

REGISTRATION AND VITAL STATISTICS RECORD

FILL OUT ONLY IF THIS IS FIRST TIME STUDENT IS ENTERING STOCKTON SCHOOLS

PAST ILLNESSES
(Check Those Student Has Had)

☐ Diphtheria
☐ Measles
☐ Polio
☐ Scarlet Fever
☐ Diabetes
☐ Epilepsy
☐ Rheumatic Fever
☐ Heart Disease
☐ Severe Allergy
☐ Hernia (Rupture)
☐ Four or more Colds a Year
☐ Tonsilitis within Past Year
☐ Otitis Media (Discharging Ear)
☐ Convulsions or Fainting Spells

Any other Serious Illness, Injury or Operation: What Year?.....

.....

.....

.....

.....

Race or National Origin.....

IMMUNIZATIONS

	(Year)		(Year)
Diphtheria Shots	.....	Tetanus Shots	.....
Last Booster	.....	Last Booster	.....
Whooping Cough Shots	.....	Polio 1st & 2nd Shots	.....
Last Booster	.....	3rd Shot	.....
Smallpox	.....	Revaccination	.....

Has Student ever been around anyone known to have Tuberculosis? Yes ☐ No ☐ If yes, what year?.....

Has Student ever had Tuberculin Test? Yes ☐ No ☐
If Yes, What Year?..... Positive..... Negative.....

Others Living in Home: Grandparents..... Relatives..... Other.....

.....

.....

Please give any other helpful information about student and family which might aid the teacher and counselor in diagnosing problems as they occur. Such things as: What language spoken in home other than English? Is father permanently or seasonally employed? When did student first walk and talk? Has student had opportunity to play with other children? Has family moved about considerably? Things about your child that may be helpful to the Teacher:.....

.....

Figure 1

REGISTRATION AND VITAL STATISTICS RECORD

STOCKTON UNIFIED SCHOOL DISTRICT—Stockton, California

Social & Emotional Development Record
Form CR-8 7/58

Name Pupil _____ Sex M F Birthdate _____
(Last) (First) (Middle) (Month) (Day) (Year)

List below significant information concerning individual behavior, personality traits, interests, special abilities, adjustments, environment, etc. Entries to be made at least yearly. Refer to cumulative record handbook for clarification of points and additional information. Use form CR 8.1 (Anecdotal Record) for more detailed information about specific instances.

GRADE AND YEAR	SPECIFIC INDICATIONS THAT STUDENT IS MAKING SATISFACTORY OR UNSATISFACTORY ADJUSTMENT	FAMILY AND HOME RELATIONSHIPS	INTERESTS, ACTIVITIES LEADERSHIP, HONORS, SPECIAL ABILITIES	TEACHER MAKING OBSERVATION

SOCIAL AND EMOTIONAL DEVELOPMENT RECORD

Figure 2

STOCKTON UNIFIED SCHOOL DISTRICT — Stockton, California

Vital Statistics Record—Form CR-1
(Revised 7/58)

Pupil Name _____ (Last) _____ (First) _____ (Middle)

Sex M F Birthdate _____ (Month) _____ (Day) _____ (Year)

Race or National Origin: White / Negro / Mexican / Japanese / Chinese / Filipino / Other

ADDRESS _____ PHONE _____

Birth Place _____ (City) _____ (State)

Proof of Birth Date _____

First Stockton School Entered _____ Grade _____ Date _____

Last School Attended _____ City _____ State _____

Where Employed _____

Father's Full Name _____ Living _____

If Stepfather (Name) _____ Where Employed _____

Mother's Full Name _____ Living _____ Where Employed _____

If Stepmother (Name) _____ Where Employed _____

If Guardian (Name) _____ Relation _____ Where Employed _____

Brothers and Sisters Under 18

Name	Birth Year	Name	Birth Year	Name	Birth Year
Name	Birth Year	Name	Birth Year	Name	Birth Year
Name	Birth Year	Name	Birth Year	Name	Birth Year

MARITAL STATUS OF OWN PARENTS:
INDICATE DATES OF CHANGE: LIVING TOGETHER _____ SEPARATED _____ DIVORCED _____

OTHERS LIVING IN HOME: INDICATE DATE OF CHANGES _____

(USE INK WITH SOME BLACK IN IT—NEVER PALE BLUE OR RED.) (USE FORM CR8 OR CR8.1 FOR ANECDOTAL COMMENTS ON PERSONALITY TRAITS)

Date of Admission	School	Age	Grade	Teacher	ATTENDANCE Reg.	ATTENDANCE Irreg.	Scholarship *	WITHDRAWN, PROMOTED OR RETAINED Date	WITHDRAWN, PROMOTED OR RETAINED Place

VITAL STATISTICS RECORD

Figure 3

HEALTH RECORD

Figure 4

STOCKTON UNIFIED SCHOOL DISTRICT — Stockton, California

Health Record-Form CR-5
(Revised 7/58)

Pupil Name (Last) (First) (Middle) Sex M F Birthdate (Month) (Day) (Year) Race or National Origin

ADDRESS PHONE

Birth Place (City) (State)

Proof of Birth Date

First Stockton School Entered Grade Date

Last School Attended City State

Where Employed

Father's Full Name Living

If Stepfather (Name)

Mother's Full Name Living

If Stepmother (Name)

If Guardian (Name) Relation

White
Negro
Mexican
Japanese
Chinese
Filipino
Other

Where Employed
Where Employed
Where Employed
Where Employed

Brothers and Sisters Under 18

Name Birth Year | Name Birth Year | Name Birth Year
Name Birth Year | Name Birth Year | Name Birth Year
Name Birth Year | Name Birth Year | Name Birth Year

MARITAL STATUS OF OWN PARENTS:
INDICATE DATES OF CHANGE: LIVING TOGETHER SEPARATED DIVORCED

OTHERS LIVING IN HOME: INDICATE DATE OF CHANGES

PAST ILLNESSES

Diphtheria	☐	Severe Allergy	☐
Measles	☐	Hernia (Rupture)	☐
Poliomyelitis	☐	Four or more colds a year	☐
Scarlet Fever	☐	Tonsillitis within past year	☐
Diabetes	☐	Convulsions or fainting spells	☐
Chorea (St. Vitus Dance)	☐	Otitis media (Discharging ear or other ear trouble)	☐
Rheumatic Fever	☐		
Heart Disease	☐		

Other SERIOUS illness, injury or operation

IMMUNIZATIONS

	Year	Boosters (year)		
Diphtheria				
Whooping Cough				
Tetanus				
Smallpox				
Polio				

Has child ever been around anyone known to have Tuberculosis? Yes No *(If yes, year and facts:)*

Has student ever had Tuberculin Test? Yes ☐ No ☐
If yes, what year?

GROWTH RECORD (To nearest pound and half inch)

Date	Age Yrs.	Age Mos.	Weight	Height	Date	Age Yrs.	Age Mos.	Weight	Height

SPECIAL TESTS

HEARING

Date	Right	Left

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HEALTH RECORD

Figure 5

STOCKTON UNIFIED SCHOOL DISTRICT — Stockton, California

Health Record Form CR-6
(Revised 5/57)

Name Pupil _____ Sex M F Birthdate _____

(Last) (First) (Middle) (Month) (Day) (Year)

TEACHER OBSERVATION

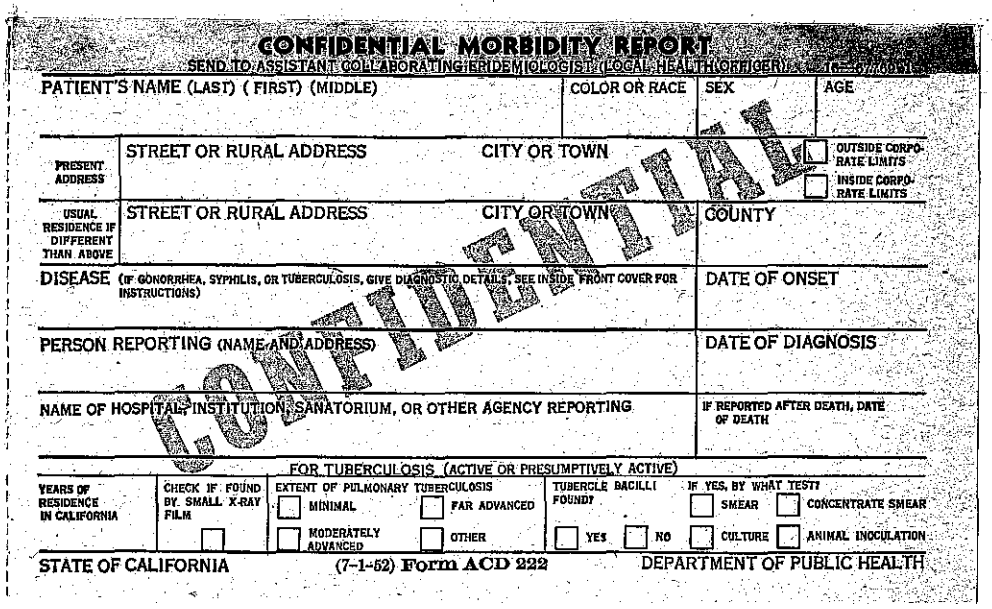
(Brief comments below—Should be made at least yearly at elemtary level)—Teacher should sign whether comment made or not.
Use Form 8.1 for anecdotal comment of personality traits.

EXAMPLES OF WHAT MAY HAVE MEDICAL IMPORTANCE: GRADE	DATE	EYES & EARS SQUINTS, STYES, COMPLAINTS, CROSSED EYES EARACHES, INATTENTION ETC.	NOSE & THROAT CHRONIC COLDS, MOUTH BREATHING, TOOTHACHES, SORE THROAT, ETC.	GENERAL HEALTH EATING HABITS, ADEQUATE SLEEP, GROWTH AND POSTURE, TIRES EASILY	BEHAVIOR TICS, NAIL BITING, SHY, IRRITABLE, SENSITIVE, SPEECH PROBLEM	TEACHER'S SIGNATURE

NURSE, TEACHER AND PHYSICIAN NOTES—

(Use Layman's Language)

DATE	SCHOOL	GRADE	NOTES	SIGNATURE



CONFIDENTIAL MORBIDITY REPORT

SEND TO ASSISTANT COLLABORATING EPIDEMIOLOGIST (LOCAL HEALTH OFFICER)

PATIENT'S NAME (LAST) (FIRST) (MIDDLE) | COLOR OR RACE | SEX | AGE

PRESENT ADDRESS: STREET OR RURAL ADDRESS | CITY OR TOWN | ☐ OUTSIDE CORPORATE LIMITS ☐ INSIDE CORPORATE LIMITS

USUAL RESIDENCE IF DIFFERENT THAN ABOVE: STREET OR RURAL ADDRESS | CITY OR TOWN | COUNTY

DISEASE (IF GONORRHEA, SYPHILIS, OR TUBERCULOSIS, GIVE DIAGNOSTIC DETAILS. SEE INSIDE FRONT COVER FOR INSTRUCTIONS) | DATE OF ONSET

PERSON REPORTING (NAME AND ADDRESS) | DATE OF DIAGNOSIS

NAME OF HOSPITAL, INSTITUTION, SANATORIUM, OR OTHER AGENCY REPORTING | IF REPORTED AFTER DEATH, DATE OF DEATH

FOR TUBERCULOSIS (ACTIVE OR PRESUMPTIVELY ACTIVE)

YEARS OF RESIDENCE IN CALIFORNIA | CHECK IF FOUND BY SMALL X-RAY FILM ☐ | EXTENT OF PULMONARY TUBERCULOSIS ☐ MINIMAL ☐ FAR ADVANCED ☐ MODERATELY ADVANCED ☐ OTHER | TUBERCLE BACILLI FOUND? ☐ YES ☐ NO | IF YES, BY WHAT TEST? ☐ SMEAR ☐ CONCENTRATE SMEAR ☐ CULTURE ☐ ANIMAL INOCULATION

STATE OF CALIFORNIA (7-1-52) Form ACD 222 DEPARTMENT OF PUBLIC HEALTH

CONFIDENTIAL

Figure 6

CONFIDENTIAL MORBIDITY REPORT

Figure 7

STUDENT ACCIDENT REPORT

STOCKTON UNIFIED SCHOOL DISTRICT

To be made out in quadruplicate. Three copies to be sent to the Safety Office, quadruplicate to be retained by the Principal.

STUDENT ACCIDENT REPORT

Safety Office No..... (1-4)

A. Name:..... (last (5-19) first-middle (20-32)) Home Address:.....

B. School:..... Code..... (33-35) Sex: M.....1 (36) F.....2 (36) Age:..... (37-38) Grade:..... (39-40)

C. Time accident occurred:..... (41-42) A.M. ..... (43-44) P.M. Date:..... month day year (45-50)

D. PLACE OF ACCIDENT: *Check on appropriate line.* I (51-52)

SCHOOL BUILDINGS

.....01 Auditorium	.....06 Corridor	.....11 Locker	.....16 Showers
.....02 Basement	.....07 Dressing Room	.....12 Multi-purpose*	.....17 Stairs
.....03 Cafeteria	.....08 Gymnasium*	.....13 Office	.....18 Toilets
.....04 Classroom	.....09 Home Economics	.....14 Pool*	.....19 Other (specify)
.....05 Closet	.....10 Laboratories	.....15 Shop	.....

SCHOOL GROUNDS

.....20 Athletic Field (grass)*	.....24 Play Area (gravel)*	
.....21 Lawns	.....25 Sidewalk	
.....22 Parking Lot	.....26 Other (specify)	
.....23 Play Area (paved)*	.....	

OFF SCHOOL GROUNDS

.....28 Field Trip
.....29 School Bus
.....30 To or From School
.....31 Elsewhere (specify)
.....

E. ACTIVITY INVOLVED: *Complete this section ONLY if you checked a starred item in Section D.*

Check on appropriate line. On what basis was student participating? .....1 (53) Organized .....2 (53) Unorganized .....3 (53) Inter-School.

Check on appropriate line. I (54-55)

.....01 Apparatus (playground)	.....06 Circle Games	.....11 Trampoline
.....02 Apparatus (gymnasium)	.....07 Football	.....12 Tumbling
.....03 Aquatics	.....08 Hockey	.....13 Volleyball
.....04 Baseball-Softball	.....09 Soccer-type	.....14 Other (specify)
.....05 Basketball	.....10 Track and Field	.....

F. PART OF BODY INJURED: *Check on appropriate line.* I (56-57) II (58-59) III (60-61)

.....01 Abdomen	.....06 Ear	.....11 Foot	.....16 Nose
.....02 Ankle	.....07 Elbow	.....12 Hand	.....17 Tooth
.....03 Arm	.....08 Eye	.....13 Head	.....18 Wrist
.....04 Back	.....09 Face	.....14 Knee	.....19 Other (specify)
.....05 Chest	.....10 Finger	.....15 Leg	.....

G. NATURE OF INJURY: *Check on appropriate line.* I (62-63) II (64-65) III (66-67)

.....01 Abrasion	.....06 Cut	.....11 Laceration	.....16 Sprain
.....02 Bite	.....07 Dislocation	.....12 Poisoning	.....17 Strain
.....03 Bruise	.....08 Eye (foreign body)	.....13 Puncture	.....18 Tooth Broken
.....04 Burn	.....09 Fracture	.....14 Scratch	.....19 Other (specify)
.....05 Concussion	.....10 Infection	.....15 Shock (el.)	.....

H. Was accident due to faulty apparatus or material?..... Yes.....1 (68) No.....2 (68)

I. Did accident occur because a school rule was broken?..... Yes.....1 (69) No.....2 (69)

J. Teacher present at scene of accident?..... Yes.....1 (70) No.....2 (70)

(See other side)

THIS REPORT MUST BE FILED WITHIN TWENTY-FOUR HOURS

SAFETY FORM 3-760-20M

PUPIL'S NAME _____ DATE OF REFERRAL _____

PARENT'S NAME _____ SCHOOL _____

ADDRESS _____ GRADE _____

TEACHER _____

Reason for Referral:

Report to Teacher:

PUBLIC HEALTH NURSE _____ DATE _____

Source of referral: T. N. CONF. _____ OTHER _____ (SPECIFY)

PHN 5 10M 7-60 ATLAS

PUBLIC HEALTH NURSE REFERRAL

Figure 8

PUBLIC HEALTH NURSE REFERRAL

APPENDIX I

SCHOOL ACCIDENT ANALYSES

REPORTABLE STUDENT ACCIDENT SUMMARY

Figure 1

STOCKTON UNIFIED SCHOOL DISTRICT
Division of Business Administration
701 North Madison Street
Stockton, California

REPORTABLE STUDENT ACCIDENT SUMMARY

January 1, 1962 to June 15, 1962

School	Enrollment*	Male	Female	Total Accidents
Elementary Schools				
Adams	1,270	11	17	28
August	550	10	6	16
Burbank	255	4	1	5
Cleveland	520	13	4	17
El Dorado	865	3	1	4
Elmwood	840	24	13	37
Fair Oaks	600	1	1	2
Fillmore	595	1	2	3
Garfield	695	2	4	6
Grant	335	1	1	2
Grunsky	455	2	1	3
Harrison	335	6	4	10
Hazelton	490	4	1	5
Hoover	965	4	1	5
Jackson	685	35	22	57
Jefferson	425	7	6	13
Lafayette	380	9	9	18
Lincoln	260	3	0	3
Madison	655	7	5	12
McKinley	750	11	4	15
Monroe (James)	525	6	2	8
Old Monroe	85	3	2	5
Roosevelt	560	7	2	9
Taft	405	1	1	2
Taylor	775	10	1	11
Tyler	695	8	7	15
Van Buren	650	0	0	0
Victory	795	6	0	6
Washington	405	6	3	9
Wilson	445	4	6	10
	18,135	209	127	336
Junior High Schools				
Fremont	1,370	117	57	174
Hamilton	1,360	20	14	34
Marshall	1,280	17	10	27
Stockton	1,465	109	54	163
Webster	1,510	69	54	123
	6,985	332	189	521

* Figures based on enrollment as of July 24, 1962.

REPORTABLE STUDENT ACCIDENT SUMMARY

Figure 1 (continued)

Reportable Student Accident Summary (Continued)
Page 2

School	Enrollment	Male	Female	Total Accidents
Senior High Schools				
Edison	1,510	16	8	24
Franklin	1,380	18	8	26
Schneider	225	10	1	11
Stagg	2,560	99	35	134
	5,675	143	52	195
Stockton College	2,610	22	0	22
TOTALS	33,405	706	368	1,074

Place of Accident

Buildings	Total
Auditorium	5
Basement	5
Cafeteria	10
Classroom	96
Corridor	36
Dressing Room	18
Gymnasium	233
Home Economics	13
Laboratories	6
Locker	17
Multi-purpose Room	2
Office	2
Pool	9
Shop	71
Showers	11
Stairs	14
Rest Rooms	16
Other	65
Total	629

Grounds	Total
Athletic Field (grass)	157
Lawns	16
Parking Lot	4
Play Area (paved)	197
Play Area (gravel)	28
Sidewalk	21
Total	423

Figure 2

EMPLOYEE ACCIDENT REPORT

EMPLOYEE ACCIDENT REPORT

January 1, 1962 to June 30, 1962

Prepared by
Division of Business Administration
Clifford F. Ross
Safety Director

Figure 2 (continued)

PLACE OF ACCIDENT

January 1, 1962, to June 30, 1962

Place of Accident	Number of Employees*	Major Accidents	Minor Accidents	Total Accidents	Disabling Injuries**
Adams	47	2	0	2	0
August	24	2	3	5	1
Burbank	15	1	1	2	0
Cleveland	19	1	3	4	0
El Dorado	32	1	3	4	0
Elmwood	33	1	0	1	0
Fair Oaks	26	2	1	3	1
Fillmore	25	1	6	7	1
Garfield	27	1	0	1	0
Grant	15	0	1	1	0
Grunsky	18	1	2	3	1
Harrison	16	0	0	0	0
Hazelton	21	0	1	1	0
Hoover	55	3	1	4	1
Jackson	29	4	1	5	1
Jefferson	20	1	2	3	1
Lafayette	17	0	0	0	0
Lincoln	11	0	0	0	0
Madison	30	1	1	2	0
McKinley	32	0	0	0	0
James Monroe	16	0	0	0	0
Old Monroe	11	1	1	2	0
Roosevelt	29	0	2	2	0
Taft	17	0	0	0	0
Taylor	27	0	2	2	0
Tyler	26	0	0	0	0
Van Buren	26	1	0	1	0
Victory	31	0	1	1	0
Washington	18	1	2	3	0
Wilson	17	3	0	3	1
Fremont Junior High	93	5	1	6	1
Hamilton Junior High	37	2	3	5	0
Marshall Junior High	86	7	1	8	3
Stockton Junior High	101	2	2	4	1
Webster Junior High	92	3	7	10	3
Edison Senior High	100	2	1	3	1
Franklin Senior High	77	3	3	6	1
Schneider Vocational	21	0	0	0	0
Stagg Senior High	145	5	5	10	1

DISABLING INJURIES

Job Classification	Number of Employees*	January	February	March	April	May
Administrators	101	0	0	0	0	0
Bus Drivers	14	1	0	0	0	0
Cafeteria	104	1	0	1	0	0
Custodial	170	1	1	1	0	2
Gardeners	24	0	0	0	0	0
Laundry and Warehouse	10	0	0	0	0	0
Maintenance	59	1	1	2	0	0
Secretarial and Clerks	193	0	0	0	0	1
Teachers and Nurses	1111	1	2	1	0	1
Other	11	0	0	0	1	0
Total		5	4	5	1	4

NUMBER OF MAJOR ACCIDENTS

Job Classification	Number of Employees*	January	February	March	April	May
Administrators	101	0	1	0	0	0
Bus Drivers	14	1	0	0	0	0
Cafeteria	104	2	2	1	1	2
Custodial	170	3	2	1	4	2
Gardeners	24	0	1	0	1	0
Laundry and Warehouse	10	0	0	0	0	0
Maintenance	59	1	3	2	0	0
Secretarial and Clerks	193	0	1	2	0	1
Teachers and Nurses	1111	3	6	8	2	5
Other	11	0	1	3	1	0
TOTAL		10	17	17	9	10

* Figures supplied by Personnel Department are rounded full time equivalents.

Figure 2 (continued)

EMPLOYEE ACCIDENT REPORT

PLACE OF INJURY

School Buildings	January	February	March	April	May
Auditorium	0	0	0	0	0
Basement	0	0	0	0	0
Cafeteria	2	2	1	1	2
Classroom	1	0	2	1	2
Closet	0	1	1	0	0
Corridor	0	1	0	0	0
Gymnasium	0	3	0	0	1
Laboratories	0	0	0	0	0
Lounge	0	0	0	0	0
Multi-purpose room	0	0	1	0	0
Office	1	2	1	0	1
Roof	0	1	0	0	0
Shops	0	2	0	2	1
Stairs	2	0	1	0	1
Other	0	1	2	0	0
Subtotals	6	13	9	4	8
School Grounds					
Athletic field	0	0	2	2	1
Parking lot	0	0	0	0	0
School grounds	3	4	4	3	1
Sidewalk	0	0	0	0	0
Street	0	0	0	0	0
Other	0	0	0	0	0
Off school grounds	1	0	2	0	0
Subtotals	4	4	8	5	2
GRAND TOTALS	10	17	17	9	10

Figure 2 (continued)

EMPLOYEE ACCIDENT REPORT

PLACE OF INJURY

School Buildings	January	February	March	April	May
Auditorium	0	0	0	0	0
Basement	0	0	0	0	0
Cafeteria	2	2	1	1	2
Classroom	1	0	2	1	2
Closet	0	1	1	0	0
Corridor	0	1	0	0	0
Gymnasium	0	3	0	0	1
Laboratories	0	0	0	0	0
Lounge	0	0	0	0	0
Multi-purpose room	0	0	1	0	0
Office	1	2	1	0	1
Roof	0	1	0	0	0
Shops	0	2	0	2	1
Stairs	2	0	1	0	1
Other	0	1	2	0	0
Subtotals	6	13	9	4	8
School Grounds					
Athletic field	0	0	2	2	1
Parking lot	0	0	0	0	0
School grounds	3	4	4	3	1
Sidewalk	0	0	0	0	0
Street	0	0	0	0	0
Other	0	0	0	0	0
Off school grounds	1	0	2	0	0
Subtotals	4	4	8	5	2
GRAND TOTALS	10	17	17	9	10

Figure 2 (continued)

EMPLOYEE ACCIDENT REPORT

NATURE OF INJURY*

	January	February	March	April	May
Abrasion	0	0	0	0	0
Bite	0	0	2	0	0
Bruise	1	4	5	3	1
Burn	0	1	0	0	1
Concussion	0	0	0	0	0
Cut	4	3	3	2	3
Foreign body in eye	0	0	0	1	0
Fracture	0	0	2	0	0
Hemorrhage	0	0	0	0	0
Hernia	0	0	0	0	0
Internal injury	0	0	0	0	0
Infection	0	0	0	0	0
Laceration	0	0	0	0	0
Puncture	0	0	0	1	0
Scratch	0	0	0	0	0
Smash	0	0	0	0	0
Sprain	0	3	2	1	3
Strain	5	6	4	1	2
Tooth broken	0	0	0	0	0
Toxicity	0	0	0	0	0
Other	0	0	0	1	0
TOTALS	10	17	18	10	10

* Includes multiple injuries

Figure 2 (continued)

EMPLOYEE ACCIDENT REPORT

SOURCE OF ACCIDENT

	January	February	March	April	May
Struck by falling or moving object	5	3	3	3	1
Striking against something	1	2	3	3	2
Overexertion	2	2	2	0	3
Sprain	0	1	2	0	2
Strain	2	4	2	0	0
Fall or slip on same level	0	4	1	2	1
Fall to different level	0	0	2	0	1
Caught in, on, or between	0	0	0	0	0
Contact with extreme temperature	0	1	0	0	0
Bite	0	0	2	0	0
Toxic reaction	0	0	0	1	0
Other	0	0	0	0	0
TOTALS	10	17	17	9	10

PART OF BODY INJURED

Head and Neck					
Cheek	0	0	1	0	0
Ear	0	0	0	0	0
Eye	0	0	0	2	0
Face	0	0	0	1	0
Head	1	1	0	0	0
Neck	1	0	1	0	0
Nose	0	1	1	0	0
Scalp	0	0	0	0	0
Teeth	0	0	0	0	0
Subtotal	2	2	3	3	0

Figure 2 (continued)

EMPLOYEE ACCIDENT REPORT

PART OF BODY INJURED

Arms and Hands	January	February	March	April	May
Arms	0	0	2	0	2
Elbow	0	0	0	0	0
Finger	3	3	1	2	2
Hand	1	0	1	0	1
Wrist	0	0	0	1	0
Subtotal	4	3	4	3	5
Trunk and Abdomen					
Abdomen	0	0	0	0	0
Back	2	7	6	0	4
Buttock	0	1	1	0	0
Chest	0	0	0	0	0
Hernia	0	0	0	0	0
Hip	0	0	0	0	0
Internal	0	0	0	0	0
Ribs	1	0	0	0	1
Shoulder	0	0	0	0	0
Subtotal	3	8	7	0	5
Legs and Feet					
Ankle	0	0	0	0	1
Foot	0	0	0	2	1
Heel	0	0	0	0	0
Knee	0	1	1	1	0
Leg	2	3	3	1	0
Toe	0	1	1	0	0
Subtotal	2	5	5	4	2
GRAND TOTALS	11	18	19	10	12

Figure 2 (continued)

EMPLOYEE ACCIDENT REPORT