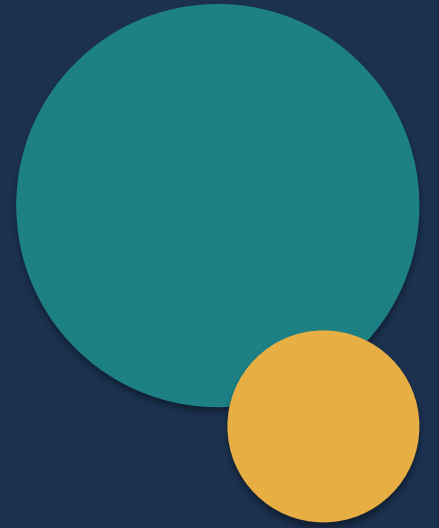


Care Coordination in Schools

Working with Clinical Providers to Help Students Thrive

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Learning goals

Recognize the why

Explain why school–clinic coordination matters for health, learning, safety, and continuity.

Share useful observations

Turn school-day patterns into objective information a prescriber can act on.

Close the loop

Use a clear, consent-aware process to communicate concerns and confirm next steps.

By the end, participants should be able to:

Identify what to observe, document, and report when a student’s treatment may or may not be working.

Describe the benefits of coordination for the student/family, school nurse, and clinical provider.

What care coordination means

A planned, collaborative process that connects the people supporting a student, while keeping the student and family at the center.

School

Observe function during the school day; support health and learning; document patterns; communicate concerns.

Family / student

Share what happens at home; describe goals, concerns, preferences, and changes; help authorize appropriate information sharing.

Clinical provider

Assess symptoms and side effects; interpret information in clinical context; decide on treatment and follow-up.

The nurse is a connector.



The School Nurse: *The Connector*

Bringing together the pieces
for student success



Jordan

Student

- Shares how he is feeling
- Shows strengths and struggles
- Receives consistent support



Family

- Shares concerns and observations
- Provides insight from home
- Works with the school and provider
- Advocates for student needs



Clinical Provider

- Evaluates and manages medications
- Reviews school observations
- Collaborates on treatment plan
- Receives ongoing updates



The School Nurse Connects the Dots

Communication • Collaboration • Advocacy

Better Outcomes for Idaho Students



School Team

- Shares classroom observations
- Implements supports and strategies
- Communicates progress
- Works together for a consistent plan

Why it matters in Idaho schools

Students spend much of their waking day at school; staff may notice patterns that are hard to see in a brief clinic visit.

Rural distance, transportation, appointment availability, and fragmented services can make follow-up harder.

School nurses can connect observations across the school day with the family's and provider's picture.

Timely coordination can identify side effects, missed doses, access barriers, and the need for additional supports.

A shared plan reduces mixed messages and helps adults respond consistently.

The goal

Not simply to send more information, but to get the right information to the right person, at the right time, so the student can be safer, healthier, and ready to learn.

Coordination is a process, not a single phone call. Building trust and rapport takes time.

Benefits for everyone

Student & family

- Earlier recognition of concerns
- Treatment informed by real-world function
- Fewer confusing or conflicting instructions
- Better continuity between home, school, and clinic
- More voice in decisions and goals

School nurse & school

- Clearer action plan and path
- Better documentation and follow-through
- More consistent support across staff
- Less guesswork about what to report
- Stronger partnership with family and provider

Clinical provider

- Observations across settings
- More specific response and side-effect data
- Earlier awareness of problems
- Better-informed treatment discussions
- Ability to tailor monitoring and school supports

Meet Jordan, a 9-year-old whose ADHD symptoms continue after a new medication is started. Jordan has been in the district since starting Kinder and has always struggled in class, and this summer, mom and grandma decided to start medication treatment with the PCP guidance.



Case study 1 | Before treatment

Jordan • Grade 4 • ADHD diagnosis • New medication started by the child's clinician

At school

Leaves seat repeatedly; loses assignment steps; interrupts; work completion is inconsistent. Teacher reports frustration and peer conflict.

At home

Caregiver hopes treatment will help with homework and morning routines, but is unsure what changes to look for.

At clinic

Provider starts medication and plans follow-up. The Vanderbilt was used to guide treatment decisions and help to diagnosis. The school's observations could help assess how Jordan functions during the school day.

Discussion: What baseline information would make a follow-up conversation more useful?

Case study | The medication isn't helping

Six weeks later, Jordan's teacher reports little improvement, and new concerns are emerging.

What staff notice

- Still misses multi-step directions
- Work completion remains low
- Visits nurse for stomach discomfort
- Seems quieter at lunch

What we don't know yet

- Is the medicine taken as prescribed?
- When do symptoms or discomfort occur?
- Is sleep, appetite, or mood changing?
- Are other stressors contributing?

What not to do

- Don't advise a dose change
- Don't stop or alter medication
- Don't assume the family is nonadherent
- Don't share details broadly

"It isn't working" becomes more useful when paired with observable examples, timing, and impact.



Make observations actionable

Use neutral, specific information, not labels or conclusions.

Less useful

“Jordan is worse. The medication isn’t working.”

This gives little detail about what changed, when it happens, or how much it affects learning.

More useful

“During 9–11 a.m. math, Jordan needed 6 prompts to begin tasks on 3 of 4 days. At lunch, Jordan ate about half the usual amount and reported stomach discomfort twice.”

Describe: baseline • frequency • timing • duration • context • impact • student’s own words

A practical communication workflow

- 1. Confirm** Clarify parent/guardian authorization, student assent when appropriate, and district procedures.
- 2. Observe** Use agreed indicators: attention, task initiation, work completion, appetite, sleepiness, mood, or physical complaints.
- 3. Document** Record objective facts, dates/times, context, actions taken, and who was notified.
- 4. Contact** Use the provider's approved channel; share only information needed for the care purpose.
- 5. Close the loop** Ask who will follow up, what school should monitor, and when/how to report changes.

Case study | The call that changes the plan

With caregiver permission, the nurse sends a concise update to Jordan's clinician.

School nurse shares

- Minimal improvement in task initiation over 6 weeks
- Stomach discomfort reported on 2 days a week
- Lunch intake appears lower than baseline
- Timing and examples documented

Provider can now ask

- When is medication given and by whom?
- Are symptoms present before the dose or later?
- What are appetite, sleep, mood, and symptoms at home?
- Any missed doses, new medicines, or other changes?
- What additional assessment or follow-up is needed?

Open communication gives the clinician better context; the clinician makes medication decisions with the family.

Clinical provider

Reviews reports with caregiver and student; evaluates effectiveness, adverse effects, adherence, timing, and other possible causes; decides whether treatment changes are appropriate.

School nurse

Monitors only agreed indicators; reports changes and urgent concerns; supports safe school practice under orders and district policy; does not adjust or recommend medication dosing.

Family & student

Share home observations and priorities; discuss benefits and burdens; follow the clinician's plan; tells the team about changes and barriers.

Follow-up: agree on what will be tracked, who will contact whom, and the date for reviewing progress.

Privacy, consent, and professional boundaries

Follow district policy, applicable law, professional standards, and approved communication channels.

School-maintained student health records governed by FERPA and HIPAA may apply to separate provider records. The details depend on who maintains the records and in what role.

Obtain and document appropriate parent/guardian authorization or other lawful basis before routine sharing with an outside provider; confirm what information may be shared and with whom.

Share the minimum information needed for the agreed care purpose. Avoid personal email, casual texts, or broad staff distribution.

For urgent safety concerns, follow emergency procedures and applicable disclosure rules; do not delay emergency action if needed.

A helpful rule

Before sharing, ask:

1. Is this necessary for the student's care or safety?
2. Am I authorized to share it?
3. Is this the right recipient and channel?
4. Have I documented the communication?

When unsure, consult district leadership/privacy staff.

When to escalate and when to routine follow up

Urgent / immediate response

- Severe or rapidly worsening symptoms
- Fainting, chest pain, breathing difficulty, severe allergic reaction, or other emergency signs
- Suicidal statements, threats, or immediate safety risk

Activate school emergency protocols and contact emergency services/guardians as required.

Prompt clinical communication

- Persistent appetite or sleep changes
- Ongoing stomachaches, headaches, dizziness, or unusual fatigue
- No meaningful improvement or worsening function
- New mood or behavior changes
- Concerns about access, missed doses, or unclear instructions

The nurse reports observations and follows protocols; the provider evaluates and determines clinical next steps.

A simple provider update template

TOOL

Use a structured message to reduce back-and-forth.

Student / purpose

Student initials or approved identifier; reason for contact; best callback method.

Authorization

Parent/guardian authorization or other applicable basis confirmed; scope and date.

Current concern

What has changed? Include dates, frequency, duration, and context.

Objective examples

What staff observed or student reported; compare with baseline when possible.

Actions / urgency

What the school has done; whether immediate safety concerns exist.

Request / close loop

Ask for guidance on school monitoring, follow-up responsibility, and expected timeline.

For Jordan: attach the brief observation log, not a long narrative or a diagnosis about why symptoms are happening.

Student: Jordan



Grade: _____ Teacher: _____ Start Date: _____ End Date: _____

To track and document behaviors related to attention, impulsivity, and hyperactivity to support communication with parents/guardians and the clinical provider.

Check or rate the behaviors observed

- ☐ Inattention (not paying attention, easily distracted)
- ☐ Difficulty completing assignments
- ☐ Impulsivity (acting without thinking)
- ☐ Hyperactivity (fidgeting, out of seat, excessive movement)
- ☐ Disorganization (losing materials, forgetful)
- ☐ Emotional dysregulation (frustration, irritability, overwhelm)
- ☐ Social difficulties (interrupting, difficulty waiting turn)
- ☐ Other:

Rate the frequency/severity during the observed time

- 0 Not observed
- 1 Rarely (1 time, minimal impact)
- 2 Sometimes (2–3 times, mild impact)
- 3 Often (4+ times, moderate impact)
- 4 Very often (frequent, significant impact on learning or safety)

Document relevant details

- Note time, activity, and setting
- What was happening before the behavior
- Student's response to redirection or support
- Impact on learning, peers, or safety
- Any physical complaints (e.g., headache, stomachache, decreased appetite)
- Positive behaviors and strengths
- Other important observations

[illegible]

Practice together | What would you send?

Jordan's teacher says: "He's distracted all day and barely eats lunch."

Discuss

1. What details would you clarify?
2. What should be documented?
3. What permission or process should be checked?
4. What is the appropriate next step?

Ideas

- Specific dates/times and baseline
- Student's own report and observable facts
- Family partnership and consent-aware sharing
- Clear urgency level and follow-up request
- No independent medication advice

What might the provider miss without the school's observations?



SCHOOL
NURSE



Student Health
Care Coordination
Mental Health & Wellbeing
Idaho School Nurses

ADHD Behavior Tracking Log
Student: Jordan

Week	Start	End	Focus Areas	Attention	Impulsivity	Hyperactivity	Task Completion	Organization	Emotional Regulation	Flexibility	Overall
09-05	09-05	09-11	Focus Areas	Attention	Impulsivity	Hyperactivity	Task Completion	Organization	Emotional Regulation	Flexibility	Overall
09-12	09-12	09-18	Focus Areas	Attention	Impulsivity	Hyperactivity	Task Completion	Organization	Emotional Regulation	Flexibility	Overall
09-19	09-19	09-25	Focus Areas	Attention	Impulsivity	Hyperactivity	Task Completion	Organization	Emotional Regulation	Flexibility	Overall
09-26	09-26	10-02	Focus Areas	Attention	Impulsivity	Hyperactivity	Task Completion	Organization	Emotional Regulation	Flexibility	Overall
10-03	10-03	10-09	Focus Areas	Attention	Impulsivity	Hyperactivity	Task Completion	Organization	Emotional Regulation	Flexibility	Overall
10-10	10-10	10-16	Focus Areas	Attention	Impulsivity	Hyperactivity	Task Completion	Organization	Emotional Regulation	Flexibility	Overall
10-17	10-17	10-23	Focus Areas	Attention	Impulsivity	Hyperactivity	Task Completion	Organization	Emotional Regulation	Flexibility	Overall
10-24	10-24	10-30	Focus Areas	Attention	Impulsivity	Hyperactivity	Task Completion	Organization	Emotional Regulation	Flexibility	Overall
10-31	10-31	11-06	Focus Areas	Attention	Impulsivity	Hyperactivity	Task Completion	Organization	Emotional Regulation	Flexibility	Overall
11-07	11-07	11-13	Focus Areas	Attention	Impulsivity	Hyperactivity	Task Completion	Organization	Emotional Regulation	Flexibility	Overall
11-14	11-14	11-20	Focus Areas	Attention	Impulsivity	Hyperactivity	Task Completion	Organization	Emotional Regulation	Flexibility	Overall
11-21	11-21	11-27	Focus Areas	Attention	Impulsivity	Hyperactivity	Task Completion	Organization	Emotional Regulation	Flexibility	Overall
11-28	11-28	12-04	Focus Areas	Attention	Impulsivity	Hyperactivity	Task Completion	Organization	Emotional Regulation	Flexibility	Overall
12-05	12-05	12-11	Focus Areas	Attention	Impulsivity	Hyperactivity	Task Completion	Organization	Emotional Regulation	Flexibility	Overall
12-12	12-12	12-18	Focus Areas	Attention	Impulsivity	Hyperactivity	Task Completion	Organization	Emotional Regulation	Flexibility	Overall
12-19	12-19	12-25	Focus Areas	Attention	Impulsivity	Hyperactivity	Task Completion	Organization	Emotional Regulation	Flexibility	Overall
12-26	12-26	12-31	Focus Areas	Attention	Impulsivity	Hyperactivity	Task Completion	Organization	Emotional Regulation	Flexibility	Overall

Take-home points

School nurses bring an essential view of how a student functions in the real school day.

Specific, neutral observations are more useful than conclusions such as “the medication failed.”

The best coordination is two-way: the school shares observations; the provider shares an appropriate plan and follow-up expectations.

The student and family remain central partners. Protect privacy and follow local procedures.

Close the loop: define the next action, the person responsible, and when progress will be reviewed.

One connected team. Clear roles. Better information. Stronger support for learning.

CDC — Care Coordination in Schools

https://archive.cdc.gov/www_cdc_gov/healthyschools/shs/care_coordination.htm

CDC — ADHD Treatment

<https://www.cdc.gov/adhd/treatment/>

CDC — Clinical Care of ADHD in Children

<https://www.cdc.gov/adhd/hcp/treatment-recommendations/>

U.S. Department of Education — FERPA Guidance for School Officials on Student Health Records

<https://studentprivacy.ed.gov/resources/family-educational-rights-and-privacy-act-guidance-school-officials-student-health>

HHS / U.S. Department of Education — Joint FERPA and HIPAA Guidance

<https://studentprivacy.ed.gov/resources/joint-guidance-application-ferpa-and-hipaa-student-health-records>

IT TAKES A
TEAM
ANY
QUESTIONS

