

Counties Manukau AIMHI Healthy Community Schools:

Purpose of the Assessment :

The assessment provides the opportunity of assessing the health and social needs of a student in order to facilitate access to services.

The questions contained within the Assessment Tool are guides and provide a prompt for those undertaking the assessment and are not designed to be asked as stated (this is not a survey).

Prior to Commencement of the Assessment Process:

1. Ensure that the student has consented to participate (consent can be denied) and the student has the right not to participate) – this right needs to be explained to the student.
2. The student needs to be aware that this information is confidential and will not be discussed with anyone – UNLESS there are issues of safety.
3. Ensure that the parents have been informed about this assessment and that they have had the opportunity to discuss the assessment prior to it occurring.
4. Parents need to be aware that this information is confidential and will not be discussed with anyone – UNLESS there are issues of safety.

AIMHI Assessment Consent Form:

Purpose Statement:

The AIMHI Assessment aims to identify any health and social concerns that you have and to link you to any health or social services you may need.

Family Name: _____

First Name(s): _____

Also known as: _____

Class/Year at School: _____

Postal Address: _____

Telephone Number: _____

Student Consent Form:

I agree to participate in the assessment (*Please tick*): Yes No

Date: _____ Signature: _____

Students Medical History: Detail in Section 3.2

Diabetes Y / N

Epilepsy Y / N

Rheumatic fever Y / N

Asthma Y / N

TB Y / N

Heart disease Y / N

Weight Problems Y / N

Meningococcal disease Y / N

Risk and Resiliency Score: (*Enter Score from Risk and Resiliency table*)

Counties Manukau AIMHI Healthy Community Schools:

Assessment:

GENERIC INFORMATION – General Information and Client Names:

First Name	Surname	Gender	Age	Date of Birth	Assessment Number

Ethnicity:

The student may identify with more than one ethnicity – you are able to record more than one ethnicity – however – it is important to identify the ethnicity that they strongly identify with as this may help identify groups and services appropriate for their needs.

Which ethnic group and/or groups do you belong to? *(Please tick below)*

- NZ European
- NZ Maori
- Tongan
- Samoan
- Cook Island Maori
- Niuean
- Tokelauan
- Fijian
- Other Pacific
- Chinese
- Indian
- Other Asian
- Other European
- Other _____

Which ethnic group do you identify with the most? *(Please specify)* _____

Section Two: Healthcare Access

- Who do you first see when you are sick?
 - School nurse
 - GP
 - Traditional Practitioner
 - Family Member
 - Other - specify
- Who is your family Doctor? Y / N
- Do you see the same Doctor Y / N
- When was the last time you saw a Doctor? (please tick)
 - Within the past 7 days
 - Within the past fortnight
 - Within the past month
 - Within the past 3 months
 - Within the past 6 months
 - Within the past 12 months
 - > than the past 12 monthsDetails of that visit – specify

- Are there any barriers to accessing health care? Y / N
What are they?
- Do you see a dentist? Y / N
If yes, when was your last visit?
- Do you have an illness that you should see a Doctor regularly about?
If yes, how frequently?
- What is your condition?
- Have you ever been in hospital? Y / N
- Do you attend Out Patient / Specialist Care? Y / N
- Have you had any injuries from
 - Falls
 - Burns
 - Sports injuries
 - Motor Vehicle accident
 - Poisoned
 - Assault / Punching / Fighting
- Have you had any tattoo's and / or piercings?

Counties Manukau AIMHI Healthy Community Schools:

Section Three: Health Needs

Family Health:

- Does anyone in your family have
 - Diabetes Y / N Who
 - Heart disease Y / N Who
 - Weight Problems Y / N Who
 - TB Y / N Who
 - Meningococcal disease Y / N Who
 - Epilepsy Y / N Who
 - Rheumatic fever Y / N Who
 - Asthma Y / N Who

Student Health:

- Do you have
 - Diabetes Y / N Specify
 - Heart disease Y / N Specify
 - Weight Problems Y / N Specify
 - TB Y / N Specify
 - Meningococcal disease Y / N Specify
 - Epilepsy Y / N Specify
 - Rheumatic fever Y / N Specify
 - Asthma Y / N Specify
- Do you have any problems with
 - Your skin
 - Recurrent Colds
 - Headaches
 - Hunger when tired
 - Other
- Menarche? Y / N
- Understanding of Puberty? Y / N
- Knowledge of Nurse, Guidance Counsellor and / or Social Worker? Y / N
- Any barriers to access Student Support Services? Specify
- Allergies? Y / N Specify:
- Any medication? Y / N
- Immunisations for –
 - Meningococcal disease
 - Tetanus
 - Childhood
- Weight
- Height
- BMI
- Blood Pressure
- Hearing test results
- Vision test results

Counties Manukau AIMHI Healthy Community Schools:

Section Four: HEADSS Assessment:

Home:

- Who do you live with? specify
Number of Adults specify
Number of Children specify
- Who can you count on to be there for you?
- Do you feel safe at home? Y / N
- Do you get bullied at home? Y / N (*Family Violence*)
- How do you feel most of the time at home – Scale: 1 _____ 10
L J

Education:

- Did you want to come to this school? Y / N
- Do you feel safe at this school? Y / N
- Do you get bullied at school? Y / N
- Who can you count on to be there for you ?
- Likes at school – (*subjects / teachers / friends...*)
- How do you feel most of the time at school - Scale: 1 _____ 10
L J

Activities:

- Are you involved in school-based activities? – (*Culture / Sports / Leadership...*)
- Are you involved in Church and other activities?
- How much time do you get to do what you want to do each week?
- What do you do with this time?
- What are your interests?
- What do you do for fun?
- How much influence do your friends have over you – (*home / school...*)

Drug and Alcohol:

- Are you a smoker? Y / N
- What do you smoke? Y / N
- Do you drink alcohol? Y / N
- Do you ever use alcohol to “fit in”?
- Do you take drugs? Y / N
- Do you ever use drugs to “fit in”?
- Have you ever felt unsafe around someone who has been drinking and / or using drugs? Y / N
- Have you ever driven a car after drinking alcohol and / or using drugs during that day / night? Y / N
- Have you ever ridden in a car where the driver had been using drugs / alcohol during that day / night? Y / N
- Does your alcohol/drug use ever make you do something that you would normally not do like:
Breaking rules? Y / N
Missing curfews? Y / N
Breaking the law? Y / N
Having sex with someone? Y / N
- What are your friends using?
(*Frequency / Binge / Type.*)

Counties Manukau AIMHI Healthy Community Schools:

Section Five: Risk and Resiliency

Risks:	Y / N	Resiliency:	Y / N
Moving a lot		At least one parent (or person who acts as one) who cares a lot about them	
Lower decile area		Close to at least one parent (or person who acts as a parent)	
Low mood/ depressive disorder		Each week gets to spend enough time with at least one parent (or persons acting as a parent)	
Behavioural problems		Other family members care a lot about them	
Substance abuse		Feel safe at school	
Non-heterosexual orientation		Feel part of school	
Sexual abuse		Feel teachers are fair	
Sexually active		Sexually safe	
Anxiety problems		Feel that adults at school care about them	
Friends or family members who have attempted suicide		Feel safe in their neighbourhood	
Witnessing or exposed to family violence		Feels hope for their future	
Parent with a mental illness or in prison		Cultural connections- youth, culture, sports	
Score		Score	

Risk and Resiliency Ratio: (Entered on front sheet)

Any student with greater than 5 Risks and less than 6 Resiliencies should be monitored and requires follow-up.