

Parental Follow-Up Form

Student Name(s): _____

Parent Name(s): _____

Student(s) Primary Residence:

Secondary Residence (if applicable/or residence where student(s) spend majority of time. This may be Grandma or other family member home, babysitter, or parent home).

Phone number: _____

E-mail address: _____

Preferred method of contact (please circle): Phone E-mail Text Mail

Brief Health History Form

Name: _____

Age: _____

Past Medical History: _____

Past Surgical History: _____

Social: Friends: _____

Activities: _____

Siblings (& ages): _____

Current Medications: _____

Vaccinations: _____

School Performance:

Further Educational Interventions

1. If short-term lead exposure of $>5 \mu\text{g/dL}$, with no noted developmental delay or risk factors, complete the following actions (Level 1):
 - a. Develop monitoring plan
 - b. Follow in scientific research based interventions (SRBI), especially for language, behavior, attention, and executive function.
 - c. Schedule formal annual case review
 - d. Make referral to after-school enrichment program (if available)

2. If history of lead exposure of $>5 \mu\text{g/dL}$ with one additional risk factor (for example, home remodeling, old housing in poor condition, anemia, lack of enrichment) but without developmental delay or disability, complete the following actions (Level 2):
 - a. Consider eligibility under Section 504 and need for evaluation
 - b. Complete evaluation as indicated
 - c. Develop Section 504 accommodation and monitoring plan with scheduled review
 - d. If ineligible, follow Level 1 actions

3. If history of lead exposure $>5 \mu\text{g/dL}$ with suspected or actual developmental delay, disability, or neuropsychological deficit, complete the following actions (Level 3):
 - a. Consider IDEA eligibility
 - b. Design/complete evaluation
 - c. Develop IEP as appropriate
 - d. If not IDEA eligible, follow Level 2 actions

(CDC, 2015)

(Full algorithm found on following page)

MANAGING K-12 STUDENT WITH LEAD EXPOSURE

Every child presents differently.

From The Connecticut Model for Providing Education Services to Children Affected by Lead (CDC, 2015).

CHILD FIND

- HAR-3 Form
- Parent
- Teacher
- Health care provider
- Other personnel
- Other referral source

Any history, suspicion

IMMEDIATE INTERVENTIONS

- Notify parent
- Refer to medical provider, for housing assistance as appropriate
- Obtain health history (focused or comprehensive) – school nurse
- School team meets to review & plan actions



LEVEL 1

- Short term exposure at BLL of 5 mcg/dL or above
- No noted developmental delay
- No other known risk factor

LEVEL 2

- History of exposure at BLL of 5mcg/dL or above
- Other risk factor (e.g., home reconstruction, old housing in poor condition, anemia, lack of enrichment)
- No actual developmental delay or disability noted; possible suspicion

LEVEL 3

- History of exposure at BLL of 5 mcg/dL or above
- Suspected or actual developmental delay, disability, neuropsychological deficit

Level 1 Actions

- Develop monitoring plan (regular education accommodation)
- Follow in SRBI, especially for attention, executive functioning, language, behavior
- Schedule formal annual review
- Make referral to enrichment program (e.g., after school)

Level 2 Actions

- Consider eligibility under Section 504 and need for evaluation
- Complete evaluation as indicated
- If eligible, develop Section 504 accommodation & monitoring plan with scheduled review
- If not eligible, follow Level 1 Actions

Level 3 Actions

- Consider IDEA eligibility
- Design/complete evaluation
- Develop IEP as appropriate
- If not IDEA eligible, follow Level 2 Actions

