

B4 School Check Clinical Assessment

New B4School Nurse Provider details

Name		
Practice		
Role		Date:

B4SC Practical Competency to be completed in conjunction with your B4 School Champion/Lead. If you have no B4 School champion available, contact the Waikato B4 School co-ordinator.

Your Theory Assessment will already have been completed following your 2-day B4SC Training.

You will also need to complete and return an 'Authorised User Agreement' form to apply for access to the B4 School database. On completion of all paperwork your B4SC Certificate will be emailed to you.

A. Clinical Assessment

The following B4SC components are competencies to be demonstrated during your assessment.

	Yes	No
Consent		
Purpose of the B4SC and Consent clearly explained (<i>Utilise "Information for Parent & Guardians" pamphlet to help support discussion if needed</i>)		
1. Health Questionnaire		
- Confirm/Update caregiver contact details (<i>important for VHT team</i>) - Enter ECE/pre-school details (<i>important for VHT team</i>)		
2. Dental		
"Lift the lip" scored and/or referred for appropriately <i>Note Score of 2 and above needs referral decision</i> - Enrolment confirmed or referred appropriately		
3. Growth		
- Height & weight parameters recorded accurately and discussed with parents <i>Note: BMI of <0.4% or >98% - referral decision is required</i>		
4. Four-year-old Immunisations		
Immunisation discussed and/or given (reminder to also document in PMS/NIR).		
5. SDQ Parent (Strengths and Difficulties Questionnaire – Parent)		
- SDQP response form completed with the Parent - Outcome discussed incl. referral pathways if indicated <i>Note Score of 17 and above needs referral decision</i>		

	Yes	No
SDQ Teacher (blue form + reply paid envelope) Discussed with the Parent that SDQ Teacher form will be sent to ECE for completion by the ECE Teacher.		

B. Assessment Sign-off

B4SC Champion/Lead to decide (with new practitioner) when competency and confidence achieved (anticipated minimum of two, maximum of six).

	Child NHI	Supervisor/Observer (B4SC Nurse champion/Lead)		
		Date observed	Name	Signature
1.				
2.				
3.				
4.				
5.				
6.				

I confirm that _____ has achieved competency to provide B4SChecks.
(Name of new B4SC nurse provider)

Please activate user access to the B4SC database with the above-named medical practice/clinic

Name: _____
(Name of B4SC Nurse Champion/Lead who supervised/observed)

Signed: _____

Date _____

Please return to: B4SC@pinnacle.health.nz
Please keep a copy of this completed form for your records.