B4 School Check Clinical Assessment

New B4School Nurse Provider details

Name		
Practice		
Role		Date:

The B4 School Check (B4SC) Practical Competency must be completed in conjunction with your B4 School Champion or Lead. If a B4 School Champion is not available within your organisation, please contact the Waikato B4 School Coordinator for support.

Your **Theory Assessment** should already have been completed following attendance at the two-day B4SC training programme. To apply for access to the B4 School database, you must also complete and return an **Authorised User Agreement form.** Please email all completed documentation to B4SC@pinnacle.health.nz

Once your forms have been received, you will be enrolled in the online **PEDS-R Training.** After completing this training, please email a copy of your PEDS-R certificate to the B4 School team. Upon receipt of your certificate, login credentials for the B4 School database will be issued to you. This will complete the training requirements and authorise you to practise as a B4 School Check Provider.

****

A. Clinical Assessment

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

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

	Yes	No
6. SDQ Parent (Strengths and Difficulties Questionnaire – Parent)		
• SDQP response form completed with the Parent • Outcome discussed incl. referral pathways if indicated • *Note **Score of 17 and above** needs referral decision*		
7. 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.