DC Health School Health Services Program (SHSP)
Online Reporting and Contact Portal User Guide

This user guide provides detailed instructions and on how to complete and submit a form within the DC Health School Health Services Program online reporting and contact portal. All required fields will be marked with a red asterisk (*) on the form.

*Please note that all information included in the below images is sample information for the purposes of this user guide.*

If you have further questions after reading this document, please reach out to the SHSP team at shs.program@dc.gov for additional assistance.

**Completing the Form**

1. Select the **Type of the Form** to complete by identifying yourself as an Education Partner, Parent or Student, School Administrator, or Children’s School Services (CSS) staff member in the dropdown menu.

![Image of Form]

2. Provide your **Name** (First and Last), **Email Address**, and **Phone Number** (without dashes).
We ask for this information so that we are able to follow-up with you about your report and/or request.

3. If you selected SHSP Parent/Student in Step 1, then you will indicate whether you are a parent or student in the **I am a** field.
If you selected any other affiliation in Step 1, then select your **Position** (i.e. analyst, case manager, medical director, etc.) within your organization from the dropdown list.
4. Select the **School that your submission pertains to** from the dropdown list. Then, indicate whether the selected school is your place of employment, where you attend as a student, or where your child is enrolled.

If you are a School administrator such as a Principal or other school leader, please also indicate which **Ward** the school is located in and whether you are the **primary contact** for the request. If you are unsure about which Ward the school is located in, then you can look it up at [https://planning.dc.gov/whatsmyward](https://planning.dc.gov/whatsmyward).
5. Let us know if the **nature of your submission** is a Complaint or Request for Information (RFI).

If your submission is a complaint, then also select the **Topic of Submission**, provide a **Description** of the incident and fill-in any additional information as it pertains to your complaint.

If you do not see a topic in the dropdown menu that accurately describes your complaint, then select “Other” from the dropdown list and write the topic in the “Other Type” field that appears.
If your submission is a request for information (RFI), then select the Topic of Submission, provide a Description of your request and fill-in any additional information as it pertains to your request.

If you do not see a topic in the dropdown menu that properly describes your request, then select “Other” from the dropdown list and write the topic in the “Other Type” field that appears.

6. If applicable, select the Grade(s) pertaining to your request or complaint.

If you are completing this form as a CSS staff member or as a Parent/Student you will also be prompted to provide a Student name and list of any other individuals involved in your submission. This information, however, is not required.
After Step 6, the submission process will differ based on the **Type of Form** that was indicated in Step 1. Please refer to the section below that pertains to you to complete the process.

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**SHSP Children’s School Services Staff:**

7. If applicable, use the textboxes provided to describe any **action(s)** the school administration and/or CSS has taken in response to the issue, **when the action(s) occurred**, and the **outcome(s) of the action(s)**.
8. Select “Yes” or “No” for **Action Requested?** to let us know if you want our team to take action on your complaint or request.

If “Yes,” then use the textbox to let us know what action(s) you would like us to take, such as scheduling a site visit or meeting.

9. When finished, click the green **Submit** button in the bottom right corner to complete the form. You will receive confirmation of its receipt and information about next steps from a DC Health staff member within 2 business days. Please be sure to check your junk or spam folders in the event that the confirmation email is filtered there.
SHSP Education Partners:

Education Partners include individuals from District of Columbia Public Schools (DCPS), Public Charter School Board (PCSB), Office of the State Superintendent of Education (OSSE) and other sister agencies that partner with the SHSP.

7. If the inquiry pertains to a request for information (RFI), then utilize the textbox to **describe how the requested information will be used**. Then, **certify** that you will not share the requested data with any individuals outside of your immediate school or organization by selecting “Yes” from the dropdown list. If this is not applicable to your inquiry, then skip to Step 8.

Then please list all individuals from within your immediate school or organization with whom you intend to share the requested data.

8. When finished, click the green **Submit** button in the bottom right corner to complete the form. You will receive confirmation of its receipt and information about next steps from a DC Health staff member within 2 business days. Please be
sure to check your junk or spam folders in the event that the confirmation email is filtered there.

**SHSP Parents/Students:**

7. Indicate whether you have discussed the inquiry with health suite staff or school administration by selecting “Yes” or “No” from the dropdown list.

If you selected “Yes,” let us know **who you discussed the matter with**, and then use the textbox to let us know **when the discussion took place** and the **result of the discussion**.

If you discussed the matter with more than one person, then select one of the parties from the dropdown list and list any additional parties in the textbox outlining the details of the discussion.
8. Select “Yes” or “No” for **Action Requested?** to let us know if you want our team to take action on your complaint or request.

If “Yes,” then use the textbox to let us know what action(s) you would like us to take, such as scheduling a site visit or meeting.

9. When finished, click the green **Submit** button in the bottom right corner to complete the form. You will receive confirmation of its receipt and information about next steps from a DC Health staff member within 2 business days. Please be sure to check your junk or spam folders in the event that the confirmation email is filtered there.
SHSP School Administration:

School Administration includes Principals and other school leaders within the school building.

7. Indicate whether you have discussed the matter with health suite staff or school administration by selecting “Yes” or “No” from the dropdown list.

If you selected “Yes,” select who you discussed the matter with, and then use the textbox to let us know when the discussion took place and the result of the discussion.

If you discussed the matter with more than one person, then select one of the parties from the dropdown list and list any additional parties in the textbox outlining the details of the discussion.
8. If the inquiry pertains to a relocation or modernization request, then indicate whether the new facility request is “Permanent” or “Temporary.” If this section is not applicable to your request, then skip to Step 9.

If the new facility will be “temporary,” then provide the **start date** and **end date** for the temporary health suite, as well as the **reason** for the temporary status.

9. Select “Yes” or “No” for **Action Requested?** to let us know if you want our team to take action on your complaint or request.

If “Yes,” then use the textbox to let us know what action(s) you would like us to take, such as scheduling a site visit or meeting.
10. If the inquiry pertains to a request for information, then utilize the textbox to **describe how the requested information will be used**. Then, **certify** that you will not share the requested data with any individuals outside of your immediate school or organization by selecting “Yes” from the dropdown list.

If this is not applicable to your inquiry, then skip to Step 11.

11. When finished, click the green **Submit** button in the bottom right corner to complete the form. You will receive confirmation of its receipt and information about next steps from a DC Health staff member within 2 business days. Please be sure to check your junk or spam folders in the event that the confirmation email is filtered there.