

## 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](mailto: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.

**WELCOME**  
**School Health Services Program Request Portal**

  

**DC HEALTH School Health Services Program Request Portal**

<p>* Select the Type of the Form</p> <div style="border: 1px solid #ccc; padding: 5px;"><p>--Select an Item--</p><p>--Select an Item--</p><p>SHSP CSS Staff</p><p>SHSP Education Partners</p><p>SHSP Parents/Students</p><p>SHSP School Administration</p></div>	<p>* Name</p> <div style="border: 1px solid #ccc; padding: 5px; width: 90%;">First Name Last Name</div> <p>* Phone Number</p> <div style="border: 1px solid #ccc; padding: 5px; width: 90%;"></div> <p>Is this school your place or employment or where your child is enrolled?</p> <div style="border: 1px solid #ccc; padding: 5px; width: 90%;">--Select an Item--</div>
<p>* School that your submission pertains to</p> <div style="border: 1px solid #ccc; padding: 5px; width: 90%;">--Select an Item--</div>	

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.

**DC HEALTH School Health Services Program Request Portal**

<p>* Select the Type of the Form</p> <input type="text" value="SHSP Parents/Students"/>	<p>* Name</p> <input type="text" value="Test Test"/>
<p>* Email Address</p> <input type="text" value="test@test.com"/>	<p>* Phone Number</p> <input type="text" value="999999999"/>

- 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.

**DC HEALTH School Health Services Program Request Portal**

<p>* Select the Type of the Form</p> <input type="text" value="SHSP Parents/Students"/>	<p>* Name</p> <input type="text" value="Test Test"/>
<p>* Email Address</p> <input type="text" value="test@test.com"/>	<p>* Phone Number</p> <input type="text" value="999999999"/>
<p>* I am a</p> <input type="text" value="--Select an Item--"/> <input type="text" value="--Select an Item--"/> <input type="text" value="Parent / Guardian"/> <input type="text" value="Student"/> <input type="text" value="--Select an item--"/>	<p>Is this school your place or employment or where your child is enrolled?</p> <input type="text" value="--Select an Item--"/>

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.

### DC HEALTH School Health Services Program Request Portal

<p><b>* Select the Type of the Form</b></p> <input type="text" value="SHSP CSS Staff"/>	<p><b>* Name</b></p> <input type="text" value="Test Test"/>
<p><b>* Email Address</b></p> <input type="text" value="test@test.com"/>	<p><b>* Phone Number</b></p> <input type="text" value="9999999999"/>
<p><b>Position</b></p> <div style="border: 1px solid #ccc; padding: 2px;"><p>--Select an Item--</p><p style="background-color: #007bff; color: white; padding: 2px;">--Select an Item--</p><p>Analyst</p><p>Assistant Principal</p><p>Case Manager</p><p>Clinical Coordinator</p><p>Community Health Nurse</p><p>Coordinator</p><p>DCPS Central Office Staff</p><p>Director</p><p>Health Technician</p><p>Inventory Control Specialist</p><p>Licensed Practical Nurse</p><p>LPN Float Nurse</p><p>Manager of Quality and Data Analytics</p><p>Medical Director</p><p>Nurse Manager</p><p>Nursing Director</p><p>Operations</p><p>PCSB Staff</p><p>Professional Development Specialist</p></div>	<p>Is this school your place or employment or where your child is enrolled?</p> <input type="text" value="--Select an Item--"/>

#### PE AND INFORMATION

How long has the issue been a problem?

**\* Description**

#### /STUDENT INFO

Please list all individuals involved

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.

**DC HEALTH School Health Services Program Request Portal**

\* Select the Type of the Form  
SHSP CSS Staff

\* Email Address  
test@test.com

Position  
Analyst

\* School that your submission pertains to  
--Select an Item--  
Aiton ES  
Amidon-Bowen ES  
Anacostia HS  
Ballou HS  
Ballou STAY HS  
Bancroft ES  
Bard High School Early College DC (Bard DC)  
Barnard ES  
Beers ES  
Benjamin Banneker HS  
Boone ES  
Brent ES  
Brightwood EC  
Brookland MS  
Browne EC  
Bruce-Monroe ES @ Park View  
Bunker Hill ES  
Burroughs ES

\* Name  
Test Test

\* Phone Number  
999999999

Is this school your place or employment or where your child is enrolled?  
--Select an Item--

**PE AND INFORMATION**

How long has the issue been a problem?  
--Select an Item--

\* Description

**STUDENT INFO**

Please list all individuals involved

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>.

**DC HEALTH School Health Services Program Request Portal**

<p>* Select the Type of the Form SHSP School Administration</p> <p>* Email Address test@test.com</p> <p>Position Analyst</p> <p>* School that your submission pertains to Aiton ES</p> <p>Ward 7</p>	<p>* Name Test Test</p> <p>* Phone Number 9999999999</p> <p>Is this school your place or employment or where your child is enrolled? No</p> <p>Will you be the primary contact regarding this request? --Select an Item-- --Select an Item-- Yes No</p>
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5. Let us know if the **nature of your submission** is a Complaint or Request for Information (RFI).

\* School that your submission pertains to  
Aiton ES

**SUBMISSION TYPE AND INFORMATION**

<p>* What is the nature of your submission --Select an Item-- --Select an Item-- Complaint Request for Information</p>	<p>How long has the issue been a problem? --Select an Item--</p> <p>* Description</p> <div style="border: 1px solid #ccc; height: 30px;"></div>
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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.

**SUBMISSION TYPE AND INFORMATION**

<p>* What is the nature of your submission</p> <p>Complaint</p> <p>How long has the issue been a problem?</p> <p>--Select an Item--</p> <p>* Description</p> <p></p>	<p>* Topic of Submission</p> <p>--Select an Item--</p> <p>Date of incident</p> <p></p>
--	--

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.

**SUBMISSION TYPE AND INFORMATION**

<p>* What is the nature of your submission</p> <p>Request for Information</p> <p>If you need the requested or records by certain date, please provide the date below and explain</p> <p></p> <p>Date of incident</p> <p></p>	<p>* Topic of Submission</p> <p>--Select an Item--</p> <p>How long has the issue been a problem?</p> <p>--Select an Item--</p> <p>* Description</p> <p></p>
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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.

**SCHOOL/STUDENT INFO**

Student name

Please list all individuals involved

Please Select Grades

- PK3
- PK4
- K
- 1
- 2
- 3

▶

Selected Grades

▲

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.

- Children’s School Services (CSS) Staff.....pg. 7
- Education Partners.....pg. 8
- Parents and Students.....pg. 9
- School Administration.....pg. 11

**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)**.

ACTIONS TAKEN	
Please describe any actions the school administration has taken to address the issue, when they occurred, and the outcome	Please describe any actions Children's School Services has taken to address the issue, when they occurred, and the outcome
<input type="text"/>	<input type="text"/>

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.

ACTIONS REQUESTED	
Action Requested?	
<input type="text" value="--Select an Item--"/>	
<input type="text" value="--Select an Item--"/>	
<input type="text" value="Yes"/>	
<input type="text" value="No"/>	
	<input type="button" value="Submit"/>

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.

ACTIONS REQUESTED	
Action Requested?	What action do you recommend be taken to address this issue?
<input type="text" value="Yes"/>	<input type="text"/>
	<input type="button" value="Submit"/>

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.

**INFORMATION AND DATA REQUEST USE**

please describe how you intend to use the requested information or data

For data requests, please certify that you will not share the requested data with any third-parties. This includes individuals outside of your immediate school or organization.

--Select an Item--

--Select an Item--

Yes

No

Submit

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

**INFORMATION AND DATA REQUEST USE**

please describe how you intend to use the requested information or data

description text.

Please list any individuals you intend to share this information with

For data requests, please certify that you will not share the requested data with any third-parties. This includes individuals outside of your immediate school or organization.

--Select an Item--

Yes

Submit

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.

The screenshot shows a form section titled "DISCUSSED WITH OTHERS". Below the title is the question: "Have you discussed your inquiry, request, or complaint with health suite staff or school administration?". A dropdown menu is open, showing the options "--Select an Item--", "Yes", and "No". The "Yes" option is currently selected. To the right of the dropdown, the text "IS REQUESTED" is partially visible.

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.

The screenshot shows a form section titled "DISCUSSED WITH OTHERS". It contains two main sections. The first section asks: "Have you discussed your inquiry, request, or complaint with health suite staff or school administration?". A dropdown menu is open, showing the options "--Select an Item--", "Parent or Guardian", "Principal", "DC Health Staff", "School Nurse", "Nurse Manager", "DCPS Central Office Staff", "Public Charter School Board Staff", "Student", and "Teacher". The "Yes" option is selected in the dropdown. The second section asks: "If yes, when did the discussion take place and what was the result?". Below this question is a large text input field. To the right of the dropdown, the text "IS REQUESTED" is partially visible. At the bottom right of the form, there is a green "Submit" button.

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.

**ACTIONS REQUESTED**

Action Requested?

--Select an Item--

--Select an Item--

Yes

No

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. .

**ACTIONS REQUESTED**

Action Requested?

Yes

What action do you recommend be taken to address this issue?

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.

The screenshot shows a form section titled "DISCUSSED WITH OTHERS". Below the title is the question: "Have you discussed your inquiry, request, or complaint with health suite staff or school administration?". A dropdown menu is open, showing options: "--Select an Item--", "--Select an Item--", "Yes", and "No". To the right of the dropdown, the text "IS REQUESTED" is partially visible.

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.

The screenshot shows a form section titled "DISCUSSED WITH OTHERS". Below the title is the question: "Have you discussed your inquiry, request, or complaint with health suite staff or school administration?". A dropdown menu is open, showing options: "--Select an Item--", "--Select an Item--", "Parent or Guardian", "Principal", "DC Health Staff", "School Nurse", "Nurse Manager", "DCPS Central Office Staff", "Public Charter School Board Staff", "Student", and "Teacher". To the right of the dropdown, the text "MODERNIZATION REQUEST" is visible. Below this, there is a question: "If yes, when did the discussion take place and what was the result?". A text input field is provided for the answer. Below that, there is another question: "If temporary, please list the start date you anticipate the temporary health suite will be used". A date picker input field is provided for the answer. Below that, there is a question: "Temp Reason". A text input field is provided for the answer.

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.

**RELOCATION / MODERNIZATION REQUEST**

Will the new facility be the new permanent location of the health suite or temporary to accommodate existing health suite renovations?

If temporary, please list the start date you anticipate the temporary health suite will be used

Temp Reason

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.

**RELOCATION / MODERNIZATION REQUEST**

Will the new facility be the new permanent location of the health suite or temporary to accommodate existing health suite renovations?

If temporary, please list the start date you anticipate the temporary health suite will be used

If temporary, please list the end date you anticipate the temporary health suite will no longer be used

Temp Reason

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.

**ACTIONS REQUESTED**

Action Requested?

**END DATA REQUEST USE**

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

**ACTIONS REQUESTED**

<p>Action Requested?</p> <div style="border: 1px solid #ccc; padding: 2px; display: flex; justify-content: space-between; align-items: center;"><span>Yes</span><span>▾</span></div>	<p>What action do you recommend be taken to address this issue?</p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div>
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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.

**INFORMATION AND DATA REQUEST USE**

<p>please describe how you intend to use the requested information or data</p> <div style="border: 1px solid #ccc; padding: 5px; min-height: 30px;">description text.</div> <p>Please list any individuals you intend to share this information with</p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div>	<p>For data requests, please certify that you will not share the requested data with any third-parties. This includes individuals outside of your immediate school or organization.</p> <div style="border: 1px solid #ccc; padding: 2px; display: flex; justify-content: space-between; align-items: center;"><span>Yes</span><span>▾</span></div>
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Submit

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.