

2022-23 Student Diabetes Management Act Reporting Form

In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: _____

Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

By submitting this form, the LEA provides assurance they understand NMAC 6.12.11 and have met or exceeded the minimum requirements as outlined in the Student Diabetes Management Act. For questions, please contact ashley.garcia@ped.nm.gov

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Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

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Phone Number: _____

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Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

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In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: Rebecca Smith

Phone Number: 505-344-0746

Name of the Local Education Agency (LEA): Alice King Community School

Number of students within the school district or charter school with a diagnosis of diabetes: 1

Number of school sites attended by students with diabetes: 1

Number of designated diabetes care personnel trained in diabetes management: 2

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): 2

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Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

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Name of individual completing report: _____

Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

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In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: Shirley Archibeque RN

Phone Number: 505 404-5237

Name of the Local Education Agency (LEA): Bernalillo Public Schools

Number of students within the school district or charter school with a diagnosis of diabetes: 10

Number of school sites attended by students with diabetes: 3

Number of designated diabetes care personnel trained in diabetes management: 10

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): 280

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Name of individual completing report: _____

Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

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Name of individual completing report: _____

Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

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Name of individual completing report: _____

Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

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Name of individual completing report: Beth Sanchez

Phone Number: 505-255-0001 ext. 113

Name of the Local Education Agency (LEA): Cien Aguas International School

Number of students within the school district or charter school with a diagnosis of diabetes: 3

Number of school sites attended by students with diabetes: 1

Number of designated diabetes care personnel trained in diabetes management: 2

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): 45

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Name of individual completing report: Adrian Esquivel

Phone Number: (575) 377-6991 ext 418

Name of the Local Education Agency (LEA): Angel Fire Fire Department (ENIT)

Number of students within the school district or charter school with a diagnosis of diabetes: 0

Number of school sites attended by students with diabetes: 0

Number of designated diabetes care personnel trained in diabetes management: 7

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): 0

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In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: Shelly Trujillo, RN, School Nurse

Phone Number: 575-374-9611

Name of the Local Education Agency (LEA): Clayton Municipal Schools

Number of students within the school district or charter school with a diagnosis of diabetes: 1

Number of school sites attended by students with diabetes: 1

Number of designated diabetes care personnel trained in diabetes management: 2

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): 3

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Name of individual completing report: _____

Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

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Name of individual completing report: _____

Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

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Act Reporting Form 2022-23 Student Diabetes Management

In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: Michele Koenigsberg, RN_Corrales International School_

Phone Number: _____ 505-344-9733 _____

Name of the Local Education Agency (LEA): ___ APS _____

Number of students within the charter school with a diagnosis of diabetes: ___ 0 _____

Number of school sites attended by students with diabetes: ___ 0 _____

Number of designated diabetes care personnel trained in diabetes management: ___ 3 _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): ___ 0 _____

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2022-23 Student Diabetes Management Act Reporting Form

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Name of individual completing report: __Jennifer Dennison__

Phone Number: __505-998-1021 EXT 169

Name of the Local Education Agency (LEA): __Cottonwood Classical Preparatory School

Number of students within the school district or charter school with a diagnosis of

diabetes: __4__

Number of school sites attended by students with diabetes: _1

Number of designated diabetes care personnel trained in diabetes management: 2

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): 85

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Name of individual completing report: _____

Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

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Name of individual completing report: Noel Núñez

Phone Number: (575) 544-8404

Name of the Local Education Agency (LEA): Deming Cesar Chavez Charter HS

Number of students within the school district or charter school with a diagnosis of diabetes: 1

Number of school sites attended by students with diabetes: 1

Number of designated diabetes care personnel trained in diabetes management: 1

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): 19

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Name of individual completing report: _____

Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

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Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

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Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

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Name of individual completing report: Jannelle Lujan Director of Student Wellness

Phone Number: (505) 367-3333 office (505) 901-1767cell

Name of the Local Education Agency (LEA): Espanola Public Schools

Number of students within the school district or charter school with a diagnosis of diabetes: 12

Number of school sites attended by students with diabetes: 4 school sites

Number of designated diabetes care personnel trained in diabetes management: 36

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): 12

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Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

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Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

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Name of individual completing report: _____

Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

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Name of individual completing report: Angela Trujillo

Phone Number: 505-753-4644

Name of the Local Education Agency (LEA): Holy Cross Catholic School

Number of students within the school district or charter school with a diagnosis of diabetes: 0

Number of school sites attended by students with diabetes: 0

Number of designated diabetes care personnel trained in diabetes management: 0

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): 0

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Name of individual completing report: Shelby Tatum

Phone Number: 575-279-7353

Name of the Local Education Agency (LEA): House Municipal School

Number of students within the school district or charter school with a diagnosis of diabetes: 1

Number of school sites attended by students with diabetes: 1

Number of designated diabetes care personnel trained in diabetes management: 2

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): 11

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In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: Bretta Thompson RN

Phone Number: 575-395-2840

Name of the Local Education Agency (LEA): Jal Public Schools

Number of students within the school district or charter school with a diagnosis of diabetes: 0

Number of school sites attended by students with diabetes: 0

Number of designated diabetes care personnel trained in diabetes management: 4

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): 60

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2022-23 Student Diabetes Management Act Reporting Form

In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: Autumn Trujillo

Phone Number: (575) 834-7391 EXT. 308

Name of the Local Education Agency (LEA): Jemez Valley Public Schools

Number of students within the school district or charter school with a diagnosis of diabetes: 1

Number of school sites attended by students with diabetes: 1

Number of designated diabetes care personnel trained in diabetes management: 1

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): 0

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Name of individual completing report: _____

Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

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Name of individual completing report: _____

Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

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In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: _____ Tara Grano RN _____

Phone Number: _____ 505-554-9068 _____

Name of the Local Education Agency (LEA): _____ Las Vegas City Schools _____

Number of students within the school district or charter school with a diagnosis of

diabetes: 4

Number of school sites attended by students with diabetes: 3

Number of designated diabetes care personnel trained in diabetes management: 3

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches,

etc.): _____ 0 _____

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In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: Jill Cavaliere

Phone Number: 575-542-3252

Name of the Local Education Agency (LEA): Lordsburg Municipal Schools

Number of students within the school district or charter school with a diagnosis of diabetes: 1

Number of school sites attended by students with diabetes: 1

Number of designated diabetes care personnel trained in diabetes management: 2

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): 15

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In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Michele Wright RN, BSN Team Leader for LAPS

Name of individual completing report: _____
505 663-2467

Phone Number: _____

Los Alamos Public Schools

Name of the Local Education Agency (LEA): _____

15

Number of students within the school district or charter school with a diagnosis of diabetes: _____

7

Number of school sites attended by students with diabetes: _____

7

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.):¹⁵ _____

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Name of individual completing report: _____

Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

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Name of individual completing report: _____

Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

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Name of individual completing report: _____

Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

By submitting this form, the LEA provides assurance they understand NMAC 6.12.11 and have met or exceeded the minimum requirements as outlined in the Student Diabetes Management Act. For questions, please contact ashley.garcia@ped.nm.gov

2022-23 Student Diabetes Management Act Reporting Form

In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: _____

Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

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2022-23 Student Diabetes Management Act Reporting Form

In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: Katina West RN

Phone Number: 505 715 9674

Name of the Local Education Agency (LEA): The Montessori Elementary & Middle School

Number of students within the school district or charter school with a diagnosis of diabetes: 1

Number of school sites attended by students with diabetes: 1

Number of designated diabetes care personnel trained in diabetes management: 6

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): 4

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2022-23 Student Diabetes Management Act Reporting Form

In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: _____

Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

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2022-23 Student Diabetes Management Act Reporting Form

In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: _____

Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

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2022-23 Student Diabetes Management Act Reporting Form

In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: _____

Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

By submitting this form, the LEA provides assurance they understand NMAC 6.12.11 and have met or exceeded the minimum requirements as outlined in the Student Diabetes Management Act. For questions, please contact ashley.garcia@ped.nm.gov

2022-23 Student Diabetes Management Act Reporting Form

In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: _____

Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

By submitting this form, the LEA provides assurance they understand NMAC 6.12.11 and have met or exceeded the minimum requirements as outlined in the Student Diabetes Management Act. For questions, please contact ashley.garcia@ped.nm.gov

2022-23 Student Diabetes Management Act Reporting Form

In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: Annette Chavez/Veronica Hernandez

Phone Number: 505-998-0501 ext 128

Name of the Local Education Agency (LEA): North Valley Academy

Number of students within the school district or charter school with a diagnosis of diabetes: Two

Number of school sites attended by students with diabetes: One

Number of designated diabetes care personnel trained in diabetes management: Three

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): 20.

By submitting this form, the LEA provides assurance they understand NMAC 6.12.11 and have met or exceeded the minimum requirements as outlined in the Student Diabetes Management

Act. For questions, please contact ashley.garcia@ped.nm.gov

2022-23 Student Diabetes Management Act Reporting Form

In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: _____

Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

By submitting this form, the LEA provides assurance they understand NMAC 6.12.11 and have met or exceeded the minimum requirements as outlined in the Student Diabetes Management Act. For questions, please contact ashley.garcia@ped.nm.gov

2022-23 Student Diabetes Management Act Reporting Form

In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: Cindy Waldron RN

Phone Number: 575-773-4700

Name of the Local Education Agency (LEA): Quemado School District

Number of students within the school district or charter school with a diagnosis of diabetes: 1

Number of school sites attended by students with diabetes: 1

Number of designated diabetes care personnel trained in diabetes management: 2

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): 7

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2022-23 Student Diabetes Management Act Reporting Form

In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: _____

Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

By submitting this form, the LEA provides assurance they understand NMAC 6.12.11 and have met or exceeded the minimum requirements as outlined in the Student Diabetes Management Act. For questions, please contact ashley.garcia@ped.nm.gov

2022-23 Student Diabetes Management Act Reporting Form

In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: _____

Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

By submitting this form, the LEA provides assurance they understand NMAC 6.12.11 and have met or exceeded the minimum requirements as outlined in the Student Diabetes Management Act. For questions, please contact ashley.garcia@ped.nm.gov

2022-23 Student Diabetes Management Act Reporting Form

In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: _____

Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

By submitting this form, the LEA provides assurance they understand NMAC 6.12.11 and have met or exceeded the minimum requirements as outlined in the Student Diabetes Management Act. For questions, please contact ashley.garcia@ped.nm.gov

2022-23 Student Diabetes Management Act Reporting Form

In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: Elizabeth Martinez

Phone Number: 575-485-2242

Name of the Local Education Agency (LEA): Roy Municipal Schools

Number of students within the school district or charter school with a diagnosis of diabetes: 1

Number of school sites attended by students with diabetes: 1

Number of designated diabetes care personnel trained in diabetes management: 7

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): 0

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2022-23 Student Diabetes Management Act Reporting Form

In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: __Patricia Ordorica-Woody, BSN, RN_____

Phone Number: __-575-258-6303_____

Name of the Local Education Agency (LEA): __Ruidoso_____

Number of students within the school district or charter school with a diagnosis of diabetes: __6_

Number of school sites attended by students with diabetes: __4_____

Number of designated diabetes care personnel trained in diabetes management: __10_____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _10_____

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For questions, please contact ashley.garcia@ped.nm.gov

2022-23 Student Diabetes Management Act Reporting Form

In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: _____

Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

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2022-23 Student Diabetes Management Act Reporting Form

In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: _____

Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

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2022-23 Student Diabetes Management Act Reporting Form

In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: Myrna Barbee-Lee, BSN, RN, NCSN

Phone Number: (505) 467-2529 & (505) 204-1975

Name of the Local Education Agency (LEA): Santa Fe Public Schools

Number of students within the school district or charter school with a diagnosis of diabetes: 34

Number of school sites attended by students with diabetes: 14

Number of designated diabetes care personnel trained in diabetes management: 26

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): 207

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2022-23 Student Diabetes Management Act Reporting Form

In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: Rebecca Spurlak BSN RN

Phone Number: (505) 242-6271 Ext # 118

Name of the Local Education Agency (LEA): St. Mary's Catholic School -
(Archdiocese of Santa Fe)

Number of students within the school district or charter school with a diagnosis of diabetes: 1

Number of school sites attended by students with diabetes: 1

Number of designated diabetes care personnel trained in diabetes management: 2

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): 0

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2022-23 Student Diabetes Management Act Reporting Form

In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: _____

Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

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2022-23 Student Diabetes Management Act Reporting Form

In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: Jeremy Jones

Phone Number: 575-751-7222 x3

Name of the Local Education Agency (LEA): Taos Municipal Charter School

Number of students within the school district or charter school with a diagnosis of diabetes: 1

Number of school sites attended by students with diabetes: 1

Number of designated diabetes care personnel trained in diabetes management: 1

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): 0

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2022-23 Student Diabetes Management Act Reporting Form

In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: _____

Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

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2022-23 Student Diabetes Management Act Reporting Form

In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: _____

Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

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2022-23 Student Diabetes Management Act Reporting Form

In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: _____

Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

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2022-23 Student Diabetes Management Act Reporting Form

In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: Shawn Thompson

Phone Number: (505) 508-3295

Name of the Local Education Agency (LEA): The International Schools @ Mesquite School

Number of students within the school district or charter school with a diagnosis of diabetes: 1

Number of school sites attended by students with diabetes: 1

Number of designated diabetes care personnel trained in diabetes management: 2

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): 0

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2022-23 Student Diabetes Management Act Reporting Form

In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: _____

Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

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2022-23 Student Diabetes Management Act Reporting Form

In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: _____

Phone Number: _____

Name of the Local Education Agency (LEA): _____

Number of students within the school district or charter school with a diagnosis of diabetes: _____

Number of school sites attended by students with diabetes: _____

Number of designated diabetes care personnel trained in diabetes management: _____

Number of additional staff members trained in diabetes management, not including assigned diabetes care personnel (e.g., bus drivers, food service staff, coaches, etc.): _____

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2022-23 Student Diabetes Management Act Reporting Form

In accordance with NMAC 6.12.11, the following information shall be submitted to the New Mexico Public Education Department by October 15th of each year.

Name of individual completing report: Joseph Vigil

Phone Number: 505-617-6777

Name of the Local Education Agency (LEA): West Las Vegas

Schools

Number of students within the school district or charter school with a diagnosis of

diabetes: 3 Number of school sites attended by students with

diabetes: 3

Number of designated diabetes care personnel trained in diabetes
management: 3

Number of additional staff members trained in diabetes management, not including assigned

diabetes care personnel (e.g., bus drivers, food service staff, coaches,
etc.): _____ 10 _____

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