COMMONWEALTH OF VIRGINIA
Summary of Screening of Vision and Hearing
Report to Principal

School Division: _____ School: _____ Year: _____

Person Preparing Data: _____ Principal's Signature: _____

Check Level: _____ Elementary (Grade 3)

_____ Secondary (Grade 7)

_____ Secondary (Grade 10)

SCREENING	**#SCREENED**	**NUMBER REFERRED FOR SUSPECTED DEFECT**			**NO REPORT FOLLOWING REFERRAL**			**NUMBER OF THOSE REFERRED THAT WERE SEEN BY HEALTH CARE PROVIDERS**			**NUMBER OF THOSE SEEN WITH CONDITION DIAGNOSED BY HEALTH CARE PROVIDER (Includes those seen once as well as those receiving ongoing active care)**		
		BOY	**GIRL**	**TOTAL**	**BOY**	**GIRL**	**TOTAL**	**BOY**	**GIRL**	**TOTAL**	**BOY**	**GIRL**	**TOTAL**
VISION													
HEARING													

- Screener should submit separate summaries for each designated grade level.

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SUMMARY OF SCREENING OF VISION AND HEARING

School: Self-explanatory

Year: School year – example: 1991-92

Person Preparing Data: The name and title of person who is collecting data.
Example: Mary Smith, RN, or Julia Brown, Teacher

Signature of Principal: Self-explanatory

Check Level: Check appropriate grade level

Total Student Population: Total number of students in grade level checked above

Number Screened: Total number screened

Number Referred for Suspected Defect: (reported by gender and total) This is the number of suspected defects out of the total number screened.

No Report Following Referral: (reported by gender and total) This equals all those referred that no report or follow-up has been done.

Number of Those Referred That Were Seen By Health Care Providers:

This reflects those who were seen by an ophthalmologist, physician, optometrist or other health care provider for the suspected defect.

Number of Those Seen With Condition Diagnosed by Health Care Provider:

(reported by gender) This includes those seen once as well as those who may continue to receive ongoing care. This number reflects those with corrections even though it may take several visits or years to complete care. Once the child is under care for condition.

Submit to Superintendent or Designee for compilation of the local school division's cumulative report.

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