



# Vision and Hearing Screening Summary Report

School: Name of school reporting data

Year: Academic year

Person Preparing Data: Name of the person preparing the report

Title: Title of the person preparing the report

Check Level: Check the appropriate grade level. **A separate report form should be used for each grade level screened.**

# Screened: The total number of students screened reported by gender.

Number Referred for Suspected Defect: This is the number of students who failed the screening and are being referred to a health care provider for further evaluation, reported by gender and total.

No Report Following Referral: No report or follow-up information provided, reported by gender and total.

Number of Those Referred that Were Seen by a Health Care Provider:

This reflects those who were seen by an ophthalmologist, optometrist, physician, or other health care provider for further evaluation, reported by gender and total.

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

This includes those seen once as well as those who may continue to receive ongoing care, reported by gender and total. This number reflects those with corrections even though it may take several visits or years to complete care.

**Submit completed form to the school nurse coordinator who will compile the local school division's aggregate report. Submit one copy to the building principal for informational purposes.**

**The school nurse coordinator should compile an aggregate report and submit it the Virginia Department of Education by the last day of school. A copy of the report should be sent to the superintendent of the school division for informational purposes.**