

It is best practice to notify parents prior to screenings taking place in the school setting. This will allow parents to contact schools prior to screening with any questions or concerns regarding their child.

School-age Hearing Screen Guidelines



[Code: § 22.1-273](#)

Screening levels: KG, 2nd or 3rd, 7th and 10th grades

Schedule a date for screening within the first 60 days of school start- this needs to be put on the school calendar and screening be completed at any time within the school year.

Procedures:

Used for populations age 3 (chronologically and developmentally) and older using pure tone screening.

- Perform a pure tone sweep at **2000 Hz, 4000 Hz, then 1000 Hz, and on to 500 Hz**. Set the Hearing Threshold Level at 20 dBHL.
- **Note:** If the location is too noisy to use 20 dBHL, a new location must be secured. Screening should never be conducted at intensities greater than 25 dBHL.
- Present a tone more than once but no more than 4 times if a child fails to respond.
- Only screen in an acoustically appropriate screening environment.
- Lack of response at any frequency in either ear constitutes a failure. Rescreen all failures at a later date per school policy.
- Refer to Audiologist / healthcare provider if a student fails one or more Hz levels during rescreening
- Record screening results, per state and local policy, on student's permanent health record. Notify the parent or guardian, in writing, of any defect of hearing or disease of the ears found.
[\(Code of Virginia 22.1-273\)](#)
- Summary of grade level screenings should be submitted every school year by June 30th to the Virginia Department of Education [Single Sign-on Web Server \(SSWS\)](#)
- Summary should consist of number of students screened, number of students referred and number of students who were referred and seen by a healthcare provider.

Authorization:

- [8VAC20-81-50](#) : Child Find
- [Code of Virginia Section 22.1-273](#) :Vision and hearing of students to be tested; exceptions. The Code of Virginia requires that within the time periods and at the grades provided in regulations promulgated by the Board of Education, the principal of each such school shall cause the hearing of the relevant students in the public schools to be tested, unless such students are students admitted for the first time to a public elementary school and have been so tested as part of the comprehensive physical examination required.

- [Code of Virginia 22.1-270](#) :or the parents or guardians of such student object on religious grounds and the students show no obvious evidence of any defect or disease of the ears; or any such student has an Individualized Education Program or a Section 504 Plan that documents a defect of hearing or a disease of the ears and the principal determines that such a test would not identify any previously unknown defect of hearing or a disease of the ears.

References:

- [American Academy of Audiology Childhood Hearing - CDC](#)
- [Childhood Hearing Screening - ASHA](#)
- [Guidelines for Audiologic Screening](#)



School-age Vision Screening Guidelines

Grade levels for screening: KG, 2nd or 3rd, 7th and 10th grades

Schedule a date for vision screening within the first 60 days of school start. Once done, this may be completed at any time within the current school year.

Each school division may set a policy, assigning the personnel responsible for completion of vision screening. Classroom teachers, physical education teachers, school nurses, or parent volunteers given the responsibility for vision screening should receive instruction in the proper techniques to be used. In addition, personnel should understand that vision screening is designed only to identify students who may need further assessment and evaluation. It is not for the purpose of diagnosis.

Procedures:

Traditional testing procedures for assessing visual acuity in children include use of eye charts in well lit spaces and one free from distractions. The following eye charts are most commonly used:

- Sloan Letters Chart (currently the gold standard)
- HOTV
- LEA Symbols Chart
- The Snellen Charts, while most commonly used in schools, are not standardized and have unequal spacing.
- Special needs population may require devices, such as a digital photoscreener
- Stereoscopic vision screening machines, such as the Titmus vision tester, are no longer recommended.

Directions for use of an eye chart or device vary based on the chart or device being used. The screener should carefully review screening procedures for the specific chart or device that is being used.

The following are general steps for using an eye chart for testing visual acuity:

- Each eye is tested separately. Prior to testing, perform a visual inspection of the student's eyes. Abnormalities may require a delay in screening. Tell the student to keep both eyes open during testing. **Note: A student who has corrective eyeglasses should be screened wearing the glasses.** However, eyeglasses prescribed for use while reading should not be worn when distance acuity is being tested.
- Instruct the student to read the letter to which you point. (Pointing should be done below the symbol or letter.) **Note: With younger students, start with a large line to assure that the student understands the directions.**
- If a student fails the practice line, move up the chart to the next larger line. If the student fails this line, continue up the chart until a line is found that the student can pass. Then move down the chart again until the student fails to read a line. To pass a line, a student must identify greater than half of the symbols or letters on the line correctly. Repeat the above procedure covering the opposite eye.
- Pass for a visual acuity of 20/40 in either eye for students 4-5 years of age (48 to 59 months), and 20/30 (or a 20/32 line) for other students (60 months and older).
- Record results. Arrange a second screening for those students who did not pass within two weeks to one month. Referral should be made if the second screening results have not improved. In addition, record the name of the test administered. A referral means only that there is sufficient deviation in the student's visual condition to justify a more complete examination by a qualified eye specialist. Every attempt should be made by school health personnel to work with parents, encouraging follow-up care with their health care provider and feedback on any changes that the health care provider recommends, in order that school personnel can make the appropriate educational adjustments.
- Record screening results, per state and local policy, on student's permanent health record. Notify the parent or guardian, in writing, of any defect of vision or disease of the eyes found. ([Code of Virginia 22.1-273](#))
- Summary of grade level screenings should be submitted to the Virginia Department of Education [Single Sign-on Web Server \(SSWS\)](#) by June 30 of every school year. Summary should consist of number of students screened, number of students referred and number of students who were referred and seen by a healthcare provider.

Authorizations:

- Code of Virginia [§ 22.1-273](#): Vision and hearing of students to be tested; exceptions.
- Code of Virginia [§ 22.1-214](#): Board to Prepare Special Education Program for Children with Disabilities.
- Virginia Administrative Code [8VAC20-81-30](#): Responsibilities of Local School Divisions and State-Operated Programs.
- Virginia Administrative Code [8VAC20-81-50](#): Child Find.

References:

- Vision and Eye Health - National Association of School Nurses
- [Tools and Resources | World Vision International](#)
- [Vision Screening During the Pandemic](#) (National Center for Children's Vision and Eye Health) Prevent Blindness
- [NASN Instrument Screening Chart](#)