

<b>TOPEKA PUBLIC SCHOOLS</b>	<b>REGULATION NUMBER: 8300-2</b>
<b>SUBJECT:</b>  <b>VISION SCREENING</b>	<b>DATE OF ISSUE:</b> <hr/> <b>REVISIONS: 08/01/96; 02/21/97; 03/20/09; 07/12/19</b> <hr/> <b>PREPARING OFFICE:</b> <b>NURSING SERVICES</b>

**I. PURPOSE:**

To implement and establish responsibility for ensuring vision screenings are completed in compliance with state law.

**II. PERSONNEL AFFECTED**

- A. Building principals
- B. School Nurses
- C. Students in kindergarten, first, third, fifth, seventh, ninth, and eleventh grades and all new entrants. Time permitting, second, fourth, and sixth grades will be done in that order.

**III. RESPONSIBILITY:**

The nurse plans for vision screening with the building principal and involved teachers early in the school year.

**IV. PROCEDURE:**

- A. The nurse consults with building principal and involved teachers for scheduling students and establishes date, time, and place for vision screening.
- B. Screening Tests
  - 1. Distance Visual Acuity on all students
  - 2. Near Vision Acuity on request
  - 3. Hyperopia on request
  - 4. Muscle Balance on request
  - 5. Color vision on request
- C. Equipment
  - 1. Lighted Snellen or Good-Lite Eye Charts
  - 2. Illiterate E Chart for nonreaders--10- and 20-foot charts-10 foot preferred
  - 3. Letter Chart 10- and 20-foot charts—10-foot preferred
    - The acuity chart should be positioned so that the 20/30 line is at the approximate eye level of the child/youth to be screened.
  - 4. Window card with centered square hole
  - 5. Clean small cards or occluder to cover eye not being tested
  - 6. Penlight

7. Titmus Stereo Fly
  8. Ishihara Color Vision Plates
  9. Near Vision Acuity Cards
- D. Prescreening orientation of all students.
  - E. Vision screening performed in accordance with the Nursing Services Manual.
  - F. Results of vision screening will be recorded on Student's Cumulative Folder with the last line read correctly in fraction form.
  - G. Parents of the student will be notified in writing of the results of the initial vision screening.
  - H. Retesting of students who are recommended for visual rechecks should be done within two weeks.
  - I. Referral criteria are based on results of vision-screening tests and student symptoms observed.
    1. Referral procedures
      - a. Advise student of the referral if in first grade or above.
      - b. Notify parents by telephone of the forthcoming referral forms.
      - c. Notify classroom teachers or others of the referral.
      - d. Complete Report of Eye Examination form as per instructions.
      - e. Complete cover letter to parent. Sign and present to the principal for information and signature.
      - f. Record on Student's Cumulative Folder the referral and date.
    2. Recording Referral Results
      - a. On return of completed Report of Eye Examination form from parents or eye specialist, the nurse interprets the results and recommendations of the examiner to the principal and teacher(s).
      - b. Under comments on the Student's Cumulative Folder, the nurse records the health, the date, and findings (including correction, diagnosis [if given], date to return [if given], and name of the eye specialist), and initials it.
      - c. On Student Health Information Cards, the nurse records the month and year of eye examination by an eye specialist.
      - d. In Student's Cumulative Folder, file the copy indicated of the Report of Eye Examination form.
    3. Follow-up on Referral
      - a. Contact student or parent to determine if or why the examination by an eye specialist has not been completed.
      - b. Financial reasons may be the reason for the referral not being completed. A local civic service club assists such families when the need exists and when club funds are available. Parents who need such financial assistance should contact the school nurse on how to apply for this aid. The nurse will forward the required forms to the service club for approval if funds are available.