

TOPEKA PUBLIC SCHOOLS	REGULATION NUMBER: 8300-02
SUBJECT: VISION SCREENING	DATE OF ISSUE: REVISIONS: 08/01/96; 02/21/97; 03/20/09; 07/12/19; 06/01/23 PREPARING OFFICE: NURSING SERVICES

I. PURPOSE:

To implement and assign responsibility for ensuring vision screenings are completed annually for every child aged three to five participating in IDEA part B programs and at least once each school year for students enrolled in kindergarten and grades one through three, five, seven and ten and within the first year of admission of any new student.

II. PERSONNEL AFFECTED

- A. Building principals
- B. School Nurses

III. RESPONSIBILITY:

The clinic staff works with the building principal and Roving Registered Nurse to plan vision screens. The screening team and Nursing Services staff perform vision screenings.

IV. PROCEDURE:

- A. The clinic staff consults with building principal and the roving Registered Nurse to establish date, time and place for vision screening.
- B. Screening Tests
 - 1. Distance Visual Acuity on all students
 - 2. PASS TEST 2 (Stereopsis) for Pre-K, K, and new students and upon request
 - 3. Near Vision Acuity on request
 - 4. Hyperopia on request
 - 5. Muscle Balance on request
 - 6. Color vision on request
- C. Equipment
 - 1. Lighted Sloan and/or LEA Symbols eye charts – 10 foot preferred
 - 2. PASS TEST 2 test kit
 - 3. Titmus Stereo Fly
 - 4. Ishihara Color Vision Plates
 - 5. Near Vision Acuity Cards
 - 6. Occluder to cover eye not being tested
- D. Provide prescreening orientation for all students
- E. Vision screeners shall follow the state vision screening guidelines

- F. Results of vision screening will be recorded on the Screening Notice, Student's Cumulative (CUM) folder, and entered into the current TPS Student Information System with the last line read correctly recorded 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. Any referral for an examination shall not show preference in favor of any ophthalmologist or optometrist.
- J. 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 the referral and date on the Screening Notice, Student's Cumulative (CUM) folder, and current TPS Student Information System.
 - 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. If financial reasons contribute to the referral not being completed, local civic service clubs assist families when funds are available. Parents who need financial assistance should contact the school nurse to apply for this aid. The nurse will forward the required forms to the service club for approval if funds are available.