

Vision screening annual report

Please use this form ONLY if the information was not submitted via the School Health Workload Census.

As required by 2019 Utah code 53G-9-404 (6) (f) (v) this report must be submitted annually by all public LEAs. This report is due by June 30th of each year and should be emailed to bhinkson@utah.gov. Call (801) 419-1078 if there are any questions or concerns.

School year:	School (or district) name:
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Person reporting:	Email:
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Part 1: to be completed by school nurse	Number
1. Total number of students receiving tier 1 vision screening.	
2. Total number of students <i>referred</i> to an eye care professional following a tier 1 vision screening.	
3. Total number of students <i>seen by</i> an eye care professional following a tier 1 vision screening.	
4. Total number of students referred for tier 1 vision screening who <i>receive treatment</i> (including prescription for glasses or contacts).	
5. Total number of <i>vision symptoms questionnaires</i> submitted to the school nurse for evaluation of a tier 2 vision screening.	
6. Total number of students <i>referred</i> to an eye care professional following a tier 2 vision screening by a school nurse.	
7. Total number of students <i>referred automatically</i> to an eye care professional instead of tier 2 vision screening.	
8. Total number of students <i>seen by</i> an eye care professional following a tier 2 vision screening.	
9. Total number of students referred for tier 2 vision screening who <i>receive treatment</i> (including prescription for glasses or contacts).	
10. Total number of students <i>receiving financial assistance</i> for glasses or exam with an eye care professional (VSP, Sight for Students, Friends for Sight, Lion's Club).	

Part 2: to be completed by school if there is NOT a school nurse	Number
11. Total number of students receiving tier 1 vision screening:	
12. Total number of students referred to eye care professional following a tier 1 vision screening:	
13. Total number of students referred for tier 1 vision screening who <i>receive treatment</i> (including prescription for glasses or contacts):	
14. Total number of students <i>referred automatically</i> to an eye care professional in lieu of tier 2 vision screening:	

Comments