4) If pure tone screening was conducted, does the screener screen at **each** of the below frequency and decibel levels?

1000Hz @20dB	☐ Yes	☐ No
2000Hz @20dB	☐ Yes	☐ No
4000Hz @20dB	☐ Yes	☐ No

5) Are hearing screenings conducted at any other frequency(ies) or decibel level(s) other than those listed in Question 4?

☐ Yes ☐ No, please continue to Question 8.

6) Indicate the frequency(ies) and decibel level(s) in which the hearing screening is performed.

☐ 250Hz _____ dB
☐ 500Hz _____ dB
☐ 1000Hz _____ dB
☐ 2000Hz _____ dB
☐ 4000Hz _____ dB
☐ 6000Hz _____ dB
☐ 8000Hz _____ dB

7) Does the screener refer based upon the frequency and decibel levels listed in Question 6?

☐ No
☐ Yes (please specify why)_____
☐ Sometimes (please specify why)_____

_____

8) Estimate the percent of referred students that received follow-up care.

☐ 0%–25% ☐ 26%–50% ☐ 51%–75% ☐ 76%–100%

Estimate the percent of follow-up reports that you received after referring the student.

☐ 0%–25% ☐ 26%–50% ☐ 51%–75% ☐ 76%–100%

9) Rate the following statements on a scale from 1–5, with 1= strongly disagree and 5= strongly agree.

I am satisfied with the **number** of follow-up report notifications that I receive from providers.

strongly disagree ○1 ○2 ○3 ○4 ○5 strongly agree

I am satisfied with the **quality** of follow-up report notifications that I receive from providers.

strongly disagree ○1 ○2 ○3 ○4 ○5 strongly agree

I am satisfied with the resources available in my community for hearing referrals (e.g. audiologist, otolaryngologist).

strongly disagree ○1 ○2 ○3 ○4 ○5 strongly agree

10) What health education programs offered in this building focus on hearing conservation? *Check all that apply.*

☐ Curriculum on noise protection for students
☐ In-service presentation for students
☐ Bulletin board display
☐ Other (please specify)_____
☐ Do not offer programs

11) Indicate the timeframe for each training attended by the **primary initial screener.** *Check all that apply.*

	Did not attend	Attended 0–1 years ago	Attended 2–5 years ago	Attended 6–10 years ago	Attended 11+ years ago
Orientation for Nurses new to Ohio Schools	☐	☐	☐	☐	☐
Ohio Department of Health regional hearing training	☐	☐	☐	☐	☐
Other Ohio Department of Health trainings	☐	☐	☐	☐	☐
Advice/demonstration from colleague or specialist	☐	☐	☐	☐	☐
Other *Please specify*	☐	☐	☐	☐	☐

12) Indicate the timeframe for each training attended by the **primary rescreener.** *Check all that apply.*

	Did not attend	Attended 0–1 years ago	Attended 2–5 years ago	Attended 6–10 years ago	Attended 11+ years ago
Orientation for Nurses new to Ohio Schools	☐	☐	☐	☐	☐
Ohio Department of Health regional hearing training	☐	☐	☐	☐	☐
Other Ohio Department of Health trainings	☐	☐	☐	☐	☐
Advice/demonstration from colleague or specialist	☐	☐	☐	☐	☐
Other *Please specify*	☐	☐	☐	☐	☐

13) Would any hearing screeners in your school be interested in additional hearing screening training?

☐ Yes ☐ No ☐ Maybe

Thank you for your time in completing this report.

Please return this report by April 24, 2009, to:
Ohio Department of Health
BCFHS/Field Services Section
246 North High Street
Columbus, Ohio 43215

Ohio Department of Health

School Hearing and Vision Screening Report

School Year 2008–2009

All questions refer only to the 2008–2009 school year. These questions should be answered in relation to the school building specified below and not the entire school district. This report is available online at http://www.surveymonkey.com/s.aspx?sm=68k2EQ3YKYbFI22bI6glNg_3d_3d

Please complete either the online version or the paper version by **April 24, 2009.** An envelope is included for your convenience if you choose the paper version.

Please complete this report even if you did not provide hearing or vision screenings during the 2008-2009 school year. Please return this report to ODH.

If you have any questions or concerns regarding this report, please contact the Field Services Section at (614) 466-5332.

Name of person completing this report
Position title of person completing this report

1. Does this school building have an RN who provides health care services?
   ☐ Yes ☐ No ☐ Do not know
2. How many total hours per week does an RN provide health care services at this school building?

   _____
3. What other school health personnel are employed in this school? *Check all that apply.*
   ☐ Licensed practical nurse (LPN)
   ☐ Health Aide
   ☐ Other *please specify*_____

   _____
4. Indicate the type of ODH screening guidelines that are used in this school. *Check all that apply.*
   ☐ Vision ☐ Hearing
   ☐ BMI ☐ Oral Health ☐ None
   ☐ Other *please specify* _____

   _____

continue to **Vision Screening Report,** *next column*

Vision Screening Report

School Year 2008–2009

1) Was vision screening provided in this building during the 2008–2009 school year?
   ☐ Yes, continue to Question 3 on page 2
   ☐ No, continue to Question 2.

If yes, please continue to Question 3 on page 2.

2) Identify the following reason(s) that prevent vision screenings from being provided in this building. *Check all that apply.*
   ☐ Do not have equipment
   ☐ Lack of screening space
   ☐ Do not have staff
   ☐ Lack of screener training
   ☐ Do not have time
   ☐ Other (please specify) _____

   _____

If vision screenings are not conducted in this building, please continue to page 3 to complete the Hearing Screening Report.

Collection of this information is mandated by Section 3313.50 of the Ohio Revised Code

3) Complete the chart below concerning vision screening performed in this building during the 2008–2009 school year.

For the purpose of this report: initial screening performed by and rescreening performed by refers to the person performing the screenings: (RN) RN, (OL) Other licensed and (ONL) Other non-licensed. Indicate more than one screener type response if applicable.

Time frame for rescreening is defined as the amount of time in weeks, on average, between the initial screening and the rescreening.

If screening was performed and the number of students referred is unknown, please leave the box blank in the chart below.

Grade	Number of children initially screened	Initial screening performed by (RN, OL or ONL)	Number of children rescreened	Rescreening performed by (RN, OL or ONL)	Time frame for rescreening	Number of children referred
Example	**120**	☑ **RN**	**12**	☑ **RN**	**6 weeks**	
Pre		☐ RN ☐ OL ☐ ONL		☐ RN ☐ OL ☐ ONL	___ weeks	
K		☐ RN ☐ OL ☐ ONL		☐ RN ☐ OL ☐ ONL	___ weeks	
1		☐ RN ☐ OL ☐ ONL		☐ RN ☐ OL ☐ ONL	___ weeks	
3		☐ RN ☐ OL ☐ ONL		☐ RN ☐ OL ☐ ONL	___ weeks	
5		☐ RN ☐ OL ☐ ONL		☐ RN ☐ OL ☐ ONL	___ weeks	
7		☐ RN ☐ OL ☐ ONL		☐ RN ☐ OL ☐ ONL	___ weeks	
9		☐ RN ☐ OL ☐ ONL		☐ RN ☐ OL ☐ ONL	___ weeks	

4) Check (✔) the test(s) that you performed for mass or group vision screening in this school building during the 2008–2009 school year.

Grade	Observation	Distance visual acuity	Muscle balance	Color	Stereopsis	Near visual acuity
Pre	☐	☐	☐	☐	☐	☐
K	☐	☐	☐	☐	☐	☐
1	☐	☐	☐	☐	☐	☐
3	☐	☐	☐	☐	☐	☐
5	☐	☐	☐	☐	☐	☐
7	☐	☐	☐	☐	☐	☐
9	☐	☐	☐	☐	☐	☐

5) What equipment is used to measure distance visual acuity? *Check all that apply.*

☐ Acuity Light Box and Eye Charts
☐ Good-Lite Insta Line Vision Screener
☐ Titmus, Keystone or Optec
☐ Other (please specify) _____

_____

6) Estimate the percent of referred students that received follow-up care.

☐ 0%–25% ☐ 26%–50% ☐ 51%–75% ☐ 76%–100%

Estimate the percent of follow-up reports that you received after referring the student.

☐ 0%–25% ☐ 26%–50% ☐ 51%–75% ☐ 76%–100%

7) Rate the following statements on a scale from 1–5, with 1 = strongly disagree and 5 = strongly agree.

I am satisfied with the **number** of follow-up report notifications that I receive from providers.

strongly disagree ○1 ○2 ○3 ○4 ○5 strongly agree

I am satisfied with the **quality** of follow-up report notifications that I receive from providers.

strongly disagree ○1 ○2 ○3 ○4 ○5 strongly agree

I am satisfied with the resources available in my community for vision referrals (e.g. optometrists, ophthalmologists).

strongly disagree ○1 ○2 ○3 ○4 ○5 strongly agree

8) Indicate the timeframe for each training attended by the **primary initial screener.** *Check all that apply.*

	Did not attend	Attended 0–1 years ago	Attended 2–5 years ago	Attended 6–10 years ago	Attended 11+ years ago
Orientation for Nurses new to Ohio Schools	☐	☐	☐	☐	☐
Ohio Department of Health regional vision training	☐	☐	☐	☐	☐
Other Ohio Department of Health trainings	☐	☐	☐	☐	☐
Prevent Blindness Ohio training	☐	☐	☐	☐	☐
Advice/demonstration from colleague or specialist	☐	☐	☐	☐	☐
Other *Please specify*	☐	☐	☐	☐	☐

9) Indicate the timeframe for each training attended by the **primary rescreener.** *Check all that apply.*

	Did not attend	Attended 0–1 years ago	Attended 2–5 years ago	Attended 6–10 years ago	Attended 11+ years ago
Orientation for Nurses new to Ohio Schools	☐	☐	☐	☐	☐
Ohio Department of Health regional vision training	☐	☐	☐	☐	☐
Other Ohio Department of Health trainings	☐	☐	☐	☐	☐
Prevent Blindness Ohio training	☐	☐	☐	☐	☐
Advice/demonstration from colleague or specialist	☐	☐	☐	☐	☐
Other *Please specify*	☐	☐	☐	☐	☐

10) Would any vision screeners in your school be interested in additional vision screening training?

☐ Yes ☐ No ☐ Maybe

Questions 11–13 pertain to preschool and/or kindergarten students. If there are no preschool and/or kindergarten students in this building, skip questions 11–13 and continue to the next column to complete the Hearing Screening Report.

11) What equipment is used to screen preschool and/or kindergarten students for distance visual acuity? *Check all that apply.*

☐ LEA Chart (apple, house, circle, square)
☐ E Chart
☐ Lighthouse Chart (apple, house, umbrella)
☐ Other *please specify* _____

12) Is the stereopsis (Random Dot E) administered during the vision screening for preschool and/or kindergarten students?

☐ Yes ☐ No ☐ Do not know

13) If stereopsis was not administered, indicate the reason(s) why. *Check all that apply.*

☐ Test was too expensive to purchase
☐ Did not know how to administer the test
☐ Did not have time to administer the test
☐ Did not know it was required
☐ Other *please specify* _____

_____

Hearing Screening Report

School Year 2008–2009

1) Was hearing screening provided in this building during the 2008–2009 school year?

☐ Yes, continue to Question 3.
☐ No, continue to Question 2.

If yes, please continue to Question 3.

2) Identify the following reason(s) that prevent hearing screenings from being provided in this building. *Check all that apply.*

☐ Do not have equipment
☐ Lack of screening space
☐ Do not have staff
☐ Lack of screener training
☐ Do not have time
☐ Other (please specify) _____

_____

If hearing screenings are not conducted in this building, please return the report in the envelope provided.

Thank you for completing this report.

3) Complete the chart below concerning hearing screening performed in this building during the 2008–2009 school year.

For the purpose of this report: initial screening performed by and rescreening performed by refers to the person performing the screenings: (RN) RN, (OL) Other licensed and (ONL) Other non-licensed. Indicate more than one screener type response if applicable.

Time frame for rescreening is defined as the amount of time in weeks, on average, between the initial screening and the rescreening.

If screening was performed and the number of students referred is unknown, please leave the box blank in the chart below.

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Example	**120**	☑ **RN**	**12**	☑ **RN**	**6 weeks**	
Pre		☐ RN ☐ OL ☐ ONL		☐ RN ☐ OL ☐ ONL	___ weeks	
K		☐ RN ☐ OL ☐ ONL		☐ RN ☐ OL ☐ ONL	___ weeks	
1		☐ RN ☐ OL ☐ ONL		☐ RN ☐ OL ☐ ONL	___ weeks	
3		☐ RN ☐ OL ☐ ONL		☐ RN ☐ OL ☐ ONL	___ weeks	
5		☐ RN ☐ OL ☐ ONL		☐ RN ☐ OL ☐ ONL	___ weeks	
7		☐ RN ☐ OL ☐ ONL		☐ RN ☐ OL ☐ ONL	___ weeks	
9		☐ RN ☐ OL ☐ ONL		☐ RN ☐ OL ☐ ONL	___ weeks	

Please continue to page four of the Hearing Screening Report.