**APPENDIX D – HEARING AND VISION STUDENT LEAD JOB DESCRIPTION & RESPONSIBILITIES**

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| **Planning** | **Activities** | **Comments/Completed** |
| Contacts the school nurse by phone to: | |  |
|  | * Introduce self as Student H&V Lead |  |
|  | * Confirm the day and time of H&V screening |  |
|  | * Schedule a visit to school and school nurse |  |
| Visit school to: | |  |
|  | * Review school layout and that environment for vision and hearing screening meets requirements for efficient and effective screening. |  |
| Collaborates with school nurse to: | |  |
|  | * Finalize schedule of events using planning template. |  |
|  | * Provide school nurse and instructor with completed planning template. |  |
| Contact students by email to: | |  |
|  | * Inform students of date, time, location, and expectations |  |
|  | * Obtain students’ mobile phone number and provide your mobile phone number to students. |  |
|  | * Send students completed planning template |  |
|  | * Contact student by phone on day of screening if student does not arrive by start time. |  |
| **Preparing** | **Activities** |  |
| Organize nursing students in collaboration with school nurse arrive to: | |  |
|  | * Badge or sign-in |  |
|  | * Prepare rooms, equipment and forms for screening |  |
|  | * Take on different roles and responsibilities for screening |  |
|  | * Take a walk-though of school to identify placement of classrooms, health office, and bathrooms |  |
|  | * Practice run through of hearing and vision screening |  |
|  | * Assist nursing students to carry out hearing and vision screening and documentation correctly |  |
| **Screening** | **Activities** |  |
| Manage hearing and vision screening in collaboration with school nurse by: | |  |
|  | * Managing organized flow of elementary or middle school students through screening process |  |
|  | * Overseeing nursing students carrying out screening and dealing with issues or problems that arise |  |
|  | * Keeping screening on track to meet time schedule. |  |
|  | * Overseeing second screen of students and/or need to defer screening on specific students |  |
|  | * Determine that screening data is recorded on student forms accurately and completely |  |
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| **Completion** | **Activities** | **Comments/Completed** |
| Evaluation and completion of hearing and vision screening in collaboration with school nurse by: | |  |
|  | * Cleaning up site when screening completed |  |
|  | * Analyzing effectiveness and efficiency of hearing and vision screening with student nurses. |  |
|  | * Completing documentation on summary and audit form |  |
|  | * Reviewing screening process and audit with school nurse |  |
|  | * Returning student forms to school nurse |  |
|  | * Oversee student nurse sign-out of school |  |
|  | * Planning for any needed follow-up with nursing students and school nurse. |  |
|  | * Arranging for return or transfer of equipment to current school site or another site. |  |
|  | * Oversee student nurse sign-out at completion |  |
| Follow-up with school nurse and course instructor by: | |  |
|  | * Emailing school nurse to determine if screening completed satisfactorily or if problems occurred |  |
|  | * Reporting outcome of screening to course instructor |  |
|  | * Emailing thank you to school nurse |  |
|  | * Posting summary and audit forms on D2L for instructor review and feedback |  |
|  | * Emailing nursing students with any needed summary or follow-up information |  |

Hearing and Vision Student Lead will receive 3 bonus points when above responsibilities activities are completed.

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Faculty Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_