**Appendix C Hearing and Vision Summary and Effectiveness and Efficiency Audit F 19**

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Screened: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_

Nursing Student/LEAD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Each nursing student screener should indicate on individual student form reason for rescreen. At end of screening for each grade, information should be summarized on a separate form and reviewed with school nurse. Students should also turn in summary forms to nursing instructor.

|  |  |  |
| --- | --- | --- |
| Screening | Number | Percent |
| Number of Students Screened |  |  |
| Number of Students Deferred |  |  |
| Passed 1st Screen |  |  |
| Passed 2nd Screen |  |  |
| Did not pass 2nd screen – referred to school nurse |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Condition of Child | | Hearing Difficulties | | Vision Difficulties | | | | |
| Reasons for school nurse rescreen | Child was ill | Pre-existing H or V deficit | Child not able to follow directions | Spoken word not heard | Pure Tone Audiometry | Corrective lenses missing | WIPL | Vision Acuity | Color Vision | Near Vision |
| Enter number |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Evaluation of Process and Procedures | | | | | | | | |
| Process or Procedure 🡪 | Were there enough screeners? | Was there enough time? | Were tools appropriate for age? | Did equipment work? | Was ambient noise level appropriate? | Was space suitable? | Were screeners prepared? |
| Circle Yes or No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| If No in any of the following areas, explain. 🡪 |  |  |  |  |  |  |  |