

# Vision Screening Survey 2021-2022

Welcome to the School Vision Screening Annual Survey page for the 2021-2022 academic calendar year!

Please complete the report by June 1 even if you did not provide hearing screenings during the 2021-2022 school year (as mandated by section 3313.50 of the Ohio Revised Code).

Please read the following information carefully before proceeding to the survey.

This survey will take approximately 11 minutes to complete.

If you are entering information for multiple schools in your district:

Please complete one survey per school/facility, NOT per district. Schools/facilities must be reported individually. For example, if there are three schools/facilities in your district, three reports must be submitted.

If you have more than one school/facility in your building, please complete one survey per school/facility.

Once you have entered information into the survey for one school/facility, restart the survey and enter information for the next school/facility.

Please be sure to click the "Previous Page" button at the bottom of the survey to go to the previous page. Clicking the back arrow in your internet browser will clear out the survey and return to the beginning page.

Please contact Public Health Vision Consultant Molly Nelson at [molly.nelson@odh.ohio.gov](mailto:molly.nelson@odh.ohio.gov) or call 614-867-7885 if you have any questions about the survey.

If you are using Microsoft Edge and are constantly being disconnected from the survey, please switch to Google Chrome if possible.

## Person Completing Survey

First Name:

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Last Name:

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Position or Title:

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Email Address:

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(The above box may contain the principal's email address. It cannot be altered because it is used to track school reporting and confirmation emails will be sent to this email upon survey completion.)

Additional Email Address:

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Please select the reason why you are participating in the annual reporting of vision screening data.

- Ohio Department of Health (ODH) requirement for schools to report annually by June 1st of each year
- Prevent Blindness Ohio (PBO) requirement to report annually by June 1st of each year
- Both ODH and PBO requirements to report annually by June 1st of each year

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Please enter your Prevent Blindness Ohio Certification number. This number was mailed to you following the completion of the training. Please call Prevent Blindness Ohio at 1-800-301-2020 or email PBO at info@pbohio.org to obtain this certification number or enter 0000 if unknown.

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Did you conduct vision screenings during the 2020-2021 school year?

- Yes
- No

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Did you receive free vision screening equipment from Prevent Blindness Ohio to conduct vision screenings?

- Yes
- No

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A requirement to receive free vision screening equipment from Prevent Blindness Ohio is to conduct vision screenings included the ability to screen at least 10 children annually and report annually. Would you like to return your free vision screening equipment if you are no longer able to meet these requirements?

- Yes
- No

**Screening Facility Information**

Please complete the following information about the facility or event where the screenings were conducted.

Name of School District

\_\_\_\_\_

Name of Screening Facility or School:

\_\_\_\_\_

Street Address:

\_\_\_\_\_

City:

\_\_\_\_\_

State: OH

County:

- Adams
- Allen
- Ashland
- Ashtabula
- Athens
- Auglaize
- Belmont
- Brown
- Butler
- Carroll
- Champaign
- Clark
- Clermont
- Clinton
- Columbiana
- Coshocton
- Crawford
- Cuyahoga
- Darke
- Defiance
- Delaware
- Erie
- Fairfield
- Fayette
- Franklin
- Fulton
- Gallia
- Geauga
- Greene
- Guernsey
- Hamilton
- Hancock
- Hardin
- Harrison
- Henry
- Highland
- Hocking
- Holmes
- Huron
- Jackson
- Jefferson
- Knox
- Lake
- Lawrence
- Licking
- Logan
- Lorain
- Lucas
- Madison
- Mahoning
- Marion
- Medina
- Meigs
- Mercer
- Miami
- Monroe
- Montgomery
- Morgan
- Morrow
- Muskingum
- Noble
- Ottawa
- Paulding
- Perry
- Pickaway
- Pike
- Portage
- Preble
- Putnam

- Richland
- Ross
- Sandusky
- Scioto
- Seneca
- Shelby
- Stark
- Summit
- Trumbull
- Tuscarawas
- Union
- Van Wert
- Vinton
- Warren
- Washington
- Wayne
- Williams
- Wood
- Wyandot

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Phone Number: \_\_\_\_\_

**School Identifier Information**

Select the school identifier below:

- Ohio Department of Jobs and Family Services (ODJFS), Child Care License Number
- Ohio Department of Education (ODE), IRN School Identification Number
- Unlicensed Child Care Center
- Other

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Enter the ODJFS Child Care License Number:

If you don't know your ODJFS Number, please find it at [childcaresearch.ohio.gov](http://childcaresearch.ohio.gov)

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Please enter your ODE IRN School Identification number.

If you do not know your IRN, you may find it by searching for your school through the following website:

ODE IRN Search

**\*\*PLEASE BE AWARE:** Your school may have a similar name to another in the state, please double check that the address matches for your school before inputting the IRN number**\*\***

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Please enter your ODE IRN Identification number for the District.

If you do not know your IRN, you may find it by searching for your school through the following website:

ODE IRN Search

**\*\*PLEASE BE AWARE:** Your District IRN will not be the same as your school IRN.**\*\***

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**Screener Information**

Does this facility provide a Registered Nurse (RN) who provides healthcare services?

- Yes
- No

Who is primarily responsible for providing the initial vision screening for children enrolled in this school building during this school year? Please select only one choice.

- Registered Nurse (School Nurse, Licensed School Nurse, Public Health Nurse)
- Other Licensed Healthcare Provider (LPN, Medical Assistant, School Psychologist, Occupational Therapist)
- Eye Doctor (Optometrist, Ophthalmologist)
- Health Aide (Clinical Aide)
- Early Childhood Personnel (Head Start, WIC, Home Visitor)
- Other School Personnel (Vision Screening Administrator, Paraprofessional, Teacher, Data Technician, Care Coordinator, Early Intervention Specialist, Administrative Assistant)

Please write in the title of the person that primarily conducted the screenings at this facility:

\_\_\_\_\_

Who is primarily responsible for providing the follow up care for children enrolled in this school building during this school year? Please select only one choice.

- Registered Nurse (School Nurse, Licensed School Nurse, Public Health Nurse)
- Other Licensed Healthcare Provider (LPN, Medical Assistant, School Psychologist, Occupational Therapist)
- Eye Doctor (Optometrist, Ophthalmologist)
- Health Aide (Clinical Aide)
- Early Childhood Personnel (Head Start, WIC, Home Visitor)
- Other School Personnel (Vision Screening Administrator, Paraprofessional, Teacher, Data Technician, Care Coordinator, Early Intervention Specialist, Administrative Assistant)

Please write in the title of the person that provides follow up care at this facility:

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**Additional Training Interest**

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Would any vision screeners in your facility be interested in additional vision screening training?

- Yes
- No
- Maybe

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Indicate what vision screening training has been completed within the last 5 years. Check all that apply.

- Save Our Sight, Prevent Blindness Ohio - Vision Screening Certification
- In person Ohio Department of Health Vision Screening Training
- Web based Ohio Department of Health Vision Screening Training
- No vision screening training has been completed within the last 5 years
- Other

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Please enter the other vision screening training that has been completed within the last 5 years.

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**Preschool Screenings**

Did your facility provide vision screening to PRESCHOOL children during the 2021-2022 academic year?

- Yes
- No

For vision screening in PRESCHOOL age children in the identified screening facility, please respond to each of the boxes below using only whole numbers.

Number screened:

\_\_\_\_\_  
(If unknown, enter 9999.)

Number re-screened:

\_\_\_\_\_  
(If unknown, enter 9999.)

Number referred:

\_\_\_\_\_  
(If unknown, enter 9999.)

Number of referrals completed:

\_\_\_\_\_  
(If unknown, enter 9999. Completed referrals are defined as a returned and completed Eye Care Specialist Report or the summaries from the eye doctors)

Number unable to be screened due to absence or being untestable (e.g. truancy, COVID-19, or online learners):

\_\_\_\_\_  
(If unknown, enter 9999.)

Number of students exempted from screening because student utilized Form J, the Eye Specialist Report prior to school screening:

\_\_\_\_\_  
(If unknown, enter 9999.)

Number of student exempt from screening because student utilized Form K, the Pediatric Reporting Form prior to school screening:

\_\_\_\_\_  
(If unknown, enter 9999.)

Number exempt from screening with parent/guardian refusal:

\_\_\_\_\_  
(If unknown, enter 9999.)

Please select the vision equipment used in this facility or school for PRESCHOOL.  
(Approved occluders include adhesive patches, frosted lenses, and two-inch surgical tape.)

- Approved Occluder
- LEA VIP Single, Crowded LEA Symbols at 5 feet
- SureSight Vision Screener
- Retinomax 2 or Above
- JAEB Vision Screener JVAS
- EyE Check Screener with LEA V.A. at 5 feet
- PASS 2 (Smiley Face)
- Modified Clinical Technique Equipment
- Other/Non-Approved Equipment

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Please indicate the other vision equipment used in this facility or school for PRESCHOOL.

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## Kindergarten Screenings

Did your facility provide vision screening to KINDERGARTEN children during the 2021-2022 academic year?

- Yes  
 No

For vision screening in KINDERGARTEN children in the identified screening facility, please respond to each of the boxes below using only whole numbers.

Number screened:

\_\_\_\_\_  
 (If unknown, enter 9999.)

Number re-screened:

\_\_\_\_\_  
 (If unknown, enter 9999.)

Number referred:

\_\_\_\_\_  
 (If unknown, enter 9999.)

Number of referrals completed:

\_\_\_\_\_  
 (If unknown, enter 9999. Completed referrals are defined as a returned and completed Eye Care Specialist Report form)

Number unable to be screened due to absence or being untestable (e.g. truancy, COVID-19, or online learners):

\_\_\_\_\_  
 (If unknown, enter 9999.)

Number of students exempted from screening because student utilized Form J, the Eye Specialist Report prior to school screening:

\_\_\_\_\_  
 (If unknown, enter 9999.)

Number of student exempt from screening because student utilized Form K, the Pediatric Reporting Form prior to school screening:

\_\_\_\_\_  
 (If unknown, enter 9999.)

Number exempt from screening with parent/guardian refusal:

\_\_\_\_\_  
 (If unknown, enter 9999.)

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Please select the vision equipment used in this facility or school for KINDERGARTEN. Select all that apply. (Approved occluders include adhesive patches, frosted lenses, and two-inch surgical tape. Color vision screening tests include Pseudoisochromatic Color Testing 16 Plates, Color Vision Testing Made Easy, and Ishihara 14 Plates.)

- Approved Occluder
- LEA VIP Single, Crowded LEA Symbols at 5 feet
- LEA Symbols at 10 feet Chart
- SureSight Vision Screener
- Retinomax 2 or Above
- JAEB Vision Screening JVAS
- SLOAN Chart at 10 feet
- PASS 2 (Smiley Face)
- Modified Clinical Technique Equipment
- Color Vision Screening
- Other/Non-Approved Equipment

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Please indicate the other vision equipment used in this facility or school for KINDERGARTEN.

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## First Grade Screenings

Did your facility provide vision screening to FIRST GRADE students during the 2021-2022 academic year?

- Yes  
 No

For vision screening in FIRST GRADE students in the identified screening facility, please respond to each of the boxes below using only whole numbers.

Number screened:

\_\_\_\_\_  
(If unknown, enter 9999. )

Number re-screened:

\_\_\_\_\_  
(If unknown, enter 9999. )

Number referred:

\_\_\_\_\_  
(If unknown, enter 9999. )

Number of referrals completed:

\_\_\_\_\_  
(If unknown, enter 9999. Completed referrals are defined as a returned and completed Eye Care Specialist Report form)

Number unable to be screened due to absence or being untestable (e.g. truancy, COVID-19, or online learners):

\_\_\_\_\_  
(If unknown, enter 9999.)

Number of students exempted from screening because student utilized Form J, the Eye Specialist Report prior to school screening:

\_\_\_\_\_  
(If unknown, enter 9999.)

Number of student exempt from screening because student utilized Form K, the Pediatric Reporting Form prior to school screening:

\_\_\_\_\_  
(If unknown, enter 9999.)

Number exempt from screening with parent/guardian refusal:

\_\_\_\_\_  
(If unknown, enter 9999.)

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Please select the vision equipment used in this facility or school for FIRST GRADE. Select all that apply. (Approved occluders include adhesive patches, frosted lenses, and two-inch surgical tape. Color vision screening tests include Pseudoisochromatic Color Testing 16 Plates, Color Vision Testing Made Easy, and Ishihara 14 Plates.)

- Approved Occluder
- LEA VIP Single, Crowded LEA Symbols at 5 feet
- LEA Symbols at 10 feet Chart
- SureSight Vision Screener
- Retinomax 2 or Above
- JAEB Vision Screening JVAS
- SLOAN Chart at 10 feet
- PASS 2 (Smiley Face)
- Modified Clinical Technique Equipment
- Color Vision Screening
- Other/Non-Approved Equipment

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Please indicate the other vision equipment used in this facility or school for FIRST GRADE.

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## Second Grade Screenings

Did your facility provide vision screening to SECOND GRADE students during the 2021-2022 academic year?

\*\*\*PLEASE NOTE: Additional reporting is only required for this grade for new students, transfer students and/or students screening in the ODH pre-approved substitute grades.\*\*\*

- Yes  
 No

For vision screening in SECOND GRADE students in the identified screening facility, please respond to each of the boxes below using only whole numbers.

Number screened:

\_\_\_\_\_  
 (If unknown, enter 9999. )

Number re-screened:

\_\_\_\_\_  
 (If unknown, enter 9999. )

Number referred:

\_\_\_\_\_  
 (If unknown, enter 9999. )

Number of referrals completed:

\_\_\_\_\_  
 (If unknown, enter 9999. Completed referrals are defined as a returned and completed Eye Care Specialist Report form)

Number unable to be screened due to absence or being untestable (e.g. truancy, COVID-19, or online learners):

\_\_\_\_\_  
 (If unknown, enter 9999.)

Number of students exempted from screening because student utilized Form J, the Eye Specialist Report prior to school screening:

\_\_\_\_\_  
 (If unknown, enter 9999.)

Number of student exempt from screening because student utilized Form K, the Pediatric Reporting Form prior to school screening:

\_\_\_\_\_  
 (If unknown, enter 9999.)

Number exempt from screening with parent/guardian refusal:

\_\_\_\_\_  
 (If unknown, enter 9999.)

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Please select the vision equipment used in this facility or school for SECOND GRADE. Select all that apply. (Approved occluders include adhesive patches, frosted lenses, two-inch surgical tape, Mardi Gras masks, and paddle occluders. Color vision screening tests include Pseudoisochromatic Color Testing 16 Plates, Color Vision Testing Made Easy, and Ishihara 14 Plates.)

- Approved Occluder
- LEA VIP Single, Crowded LEA Symbols at 5 feet
- JAEB Vision Screening JVAS
- SLOAN Chart at 10 feet
- PASS 2 (Smiley Face)
- Modified Clinical Technique Equipment
- Color Vision Screening
- Other/Non-Approved Equipment

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Please indicate the other vision equipment used in this facility or school for SECOND GRADE.

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**Third Grade Screenings**

Did your facility provide vision screening to THIRD GRADE students during the 2021-2022 academic year?

- Yes
- No

For vision screening in THIRD GRADE students in the identified screening facility, please respond to each of the boxes below using only whole numbers.

Number screened:

\_\_\_\_\_ (If unknown, enter 9999. )

Number re-screened:

\_\_\_\_\_ (If unknown, enter 9999. )

Number referred:

\_\_\_\_\_ (If unknown, enter 9999. )

Number of referrals completed:

\_\_\_\_\_ (If unknown, enter 9999. Completed referrals are defined as a returned and completed Eye Care Specialist Report form)

Number unable to be screened due to absence or being untestable (e.g. truancy, COVID-19, or online learners):

\_\_\_\_\_ (If unknown, enter 9999.)

Number of students exempted from screening because student utilized Form J, the Eye Specialist Report prior to school screening:

\_\_\_\_\_ (If unknown, enter 9999.)

Number of student exempt from screening because student utilized Form K, the Pediatric Reporting Form prior to school screening:

\_\_\_\_\_ (If unknown, enter 9999.)

Number exempt from screening with parent/guardian refusal:

\_\_\_\_\_ (If unknown, enter 9999.)

Please select the vision equipment used in this facility or school for THIRD GRADE. Select all that apply. (Approved occluders include adhesive patches, frosted lenses, two-inch surgical tape, Mardi Gras masks, and paddle occluders. Color vision screening tests include Pseudoisochromatic Color Testing 16 Plates, Color Vision Testing Made Easy, and Ishihara 14 Plates.)

- Approved Occluder
- LEA VIP Single, Crowded LEA Symbols at 5 feet
- JAEB Vision Screening JVAS
- SLOAN Chart at 10 feet
- PASS 2 (Smiley Face)
- Modified Clinical Technique Equipment
- Color Vision Screening
- Other/Non-Approved Equipment

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Please indicate the other vision equipment used in this facility or school for THIRD GRADE.

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## Fourth Grade Screenings

Did your facility provide vision screening to FOURTH GRADE students during the 2021-2022 academic year?

\*\*\*PLEASE NOTE: Additional reporting is only required for this grade for new students, transfer students and/or students screening in the ODH pre-approved substitute grades.\*\*\*

- Yes  
 No

For vision screening in FOURTH GRADE students in the identified screening facility, please respond to each of the boxes below using only whole numbers.

Number screened:

\_\_\_\_\_  
(If unknown, enter 9999. )

Number re-screened:

\_\_\_\_\_  
(If unknown, enter 9999. )

Number referred:

\_\_\_\_\_  
(If unknown, enter 9999. )

Number of referrals completed:

\_\_\_\_\_  
(If unknown, enter 9999. Completed referrals are defined as a returned and completed Eye Care Specialist Report form)

Number unable to be screened due to absence or being untestable (e.g. truancy, COVID-19, or online learners):

\_\_\_\_\_  
(If unknown, enter 9999.)

Number of students exempted from screening because student utilized Form J, the Eye Specialist Report prior to school screening:

\_\_\_\_\_  
(If unknown, enter 9999.)

Number of student exempt from screening because student utilized Form K, the Pediatric Reporting Form prior to school screening:

\_\_\_\_\_  
(If unknown, enter 9999.)

Number exempt from screening with parent/guardian refusal:

\_\_\_\_\_  
(If unknown, enter 9999.)

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Please select the vision equipment used in this facility or school for FOURTH GRADE. Select all that apply. (Approved occluders include adhesive patches, frosted lenses, two-inch surgical tape, Mardi Gras masks, and paddle occluders. Color vision screening tests include Pseudoisochromatic Color Testing 16 Plates, Color Vision Testing Made Easy, and Ishihara 14 Plates.)

- Approved Occluder
- LEA VIP Single, Crowded LEA Symbols at 5 feet
- JAEB Vision Screening JVAS
- SLOAN Chart at 10 feet
- PASS 2 (Smiley Face)
- Modified Clinical Technique Equipment
- Color Vision Screening
- Other/Non-Approved Equipment

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Please indicate the other vision equipment used in this facility or school for FOURTH GRADE.

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## Fifth Grade Screenings

Did your facility provide vision screening to FIFTH GRADE students during the 2021-2022 academic year?

- Yes  
 No

For vision screening in FIFTH GRADE students in the identified screening facility, please respond to each of the boxes below using only whole numbers.

Number screened:

\_\_\_\_\_  
 (If unknown, enter 9999. )

Number re-screened:

\_\_\_\_\_  
 (If unknown, enter 9999. )

Number referred:

\_\_\_\_\_  
 (If unknown, enter 9999. )

Number of referrals completed:

\_\_\_\_\_  
 (If unknown, enter 9999. Completed referrals are defined as a returned and completed Eye Care Specialist Report form)

Number unable to be screened due to absence or being untestable (e.g. truancy, COVID-19, or online learners):

\_\_\_\_\_  
 (If unknown, enter 9999.)

Number of students exempted from screening because student utilized Form J, the Eye Specialist Report prior to school screening:

\_\_\_\_\_  
 (If unknown, enter 9999.)

Number of student exempt from screening because student utilized Form K, the Pediatric Reporting Form prior to school screening:

\_\_\_\_\_  
 (If unknown, enter 9999.)

Number exempt from screening with parent/guardian refusal:

\_\_\_\_\_  
 (If unknown, enter 9999.)

Please select the vision equipment used in this facility or school for FIFTH GRADE. Select all that apply. (Approved occluders include adhesive patches, frosted lenses, two-inch surgical tape, Mardi Gras masks, and paddle occluders. Color vision screening tests include Pseudoisochromatic Color Testing 16 Plates, Color Vision Testing Made Easy, and Ishihara 14 Plates.)

- Approved Occluder  
 LEA VIP Single, Crowded LEA Symbols at 5 feet  
 JAEB Vision Screening JVAS  
 SLOAN Chart at 10 feet  
 PASS 2 (Smiley Face)  
 Modified Clinical Technique Equipment  
 Color Vision Screening  
 Other/Non-Approved Equipment

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Please indicate the other vision equipment used in this facility or school for FIFTH GRADE.

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## Sixth Grade Screenings

Did your facility provide vision screening to SIXTH GRADE students during the 2021-2022 academic year?

\*\*\*PLEASE NOTE: Additional reporting is only required for this grade for new students, transfer students and/or students screening in the ODH pre-approved substitute grades.\*\*\*

- Yes  
 No

For vision screening in SIXTH GRADE students in the identified screening facility, please respond to each of the boxes below using only whole numbers.

Number screened:

\_\_\_\_\_  
 (If unknown, enter 9999. )

Number re-screened:

\_\_\_\_\_  
 (If unknown, enter 9999. )

Number referred:

\_\_\_\_\_  
 (If unknown, enter 9999. )

Number of referrals completed:

\_\_\_\_\_  
 (If unknown, enter 9999. Completed referrals are defined as a returned and completed Eye Care Specialist Report form)

Number unable to be screened due to absence or being untestable (e.g. truancy, COVID-19, or online learners):

\_\_\_\_\_  
 (If unknown, enter 9999.)

Number of students exempted from screening because student utilized Form J, the Eye Specialist Report prior to school screening:

\_\_\_\_\_  
 (If unknown, enter 9999.)

Number of student exempt from screening because student utilized Form K, the Pediatric Reporting Form prior to school screening:

\_\_\_\_\_  
 (If unknown, enter 9999.)

Number exempt from screening with parent/guardian refusal:

\_\_\_\_\_  
 (If unknown, enter 9999.)

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Please select the vision equipment used in this facility or school for SIXTH GRADE. Select all that apply.  
(Approved occluders include adhesive patches, frosted lenses, two-inch surgical tape, Mardi Gras masks, and paddle occluders. Color vision screening tests include Pseudoisochromatic Color Testing 16 Plates, Color Vision Testing Made Easy, and Ishihara 14 Plates.)

- Approved Occluder
- LEA VIP Single, Crowded LEA Symbols at 5 feet
- JAEB Vision Screening JVAS
- SLOAN Chart at 10 feet
- PASS 2 (Smiley Face)
- Modified Clinical Technique Equipment
- Color Vision Screening
- Other/Non-Approved Equipment

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Please indicate the other vision equipment used in this facility or school for SIXTH GRADE.

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## Seventh Grade Screenings

Did your facility provide vision screening to SEVENTH GRADE students during the 2021-2022 academic year?

- Yes  
 No

For vision screening in SEVENTH GRADE students in the identified screening facility, please respond to each of the boxes below using only whole numbers.

Number screened:

\_\_\_\_\_  
 (If unknown, enter 9999. )

Number re-screened:

\_\_\_\_\_  
 (If unknown, enter 9999. )

Number referred:

\_\_\_\_\_  
 (If unknown, enter 9999. )

Number of referrals completed:

\_\_\_\_\_  
 (If unknown, enter 9999. Completed referrals are defined as a returned and completed Eye Care Specialist Report form)

Number unable to be screened due to absence or being untestable (e.g. truancy, COVID-19, or online learners):

\_\_\_\_\_  
 (If unknown, enter 9999.)

Number of students exempted from screening because student utilized Form J, the Eye Specialist Report prior to school screening:

\_\_\_\_\_  
 (If unknown, enter 9999.)

Number of student exempt from screening because student utilized Form K, the Pediatric Reporting Form prior to school screening:

\_\_\_\_\_  
 (If unknown, enter 9999.)

Number exempt from screening with parent/guardian refusal:

\_\_\_\_\_  
 (If unknown, enter 9999.)

Please select the vision equipment used in this facility or school for SEVENTH GRADE. Select all that apply. (Approved occluders include adhesive patches, frosted lenses, two-inch surgical tape, Mardi Gras masks, and paddle occluders. Color vision screening tests include Pseudoisochromatic Color Testing 16 Plates, Color Vision Testing Made Easy, and Ishihara 14 Plates.)

- Approved Occluder  
 LEA VIP Single, Crowded LEA Symbols at 5 feet  
 JAEB Vision Screening JVAS  
 SLOAN Chart at 10 feet  
 PASS 2 (Smiley Face)  
 Modified Clinical Technique Equipment  
 Color Vision Screening  
 Other/Non-Approved Equipment

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Please indicate the other vision equipment used in this facility or school for SEVENTH GRADE.

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## Eighth Grade Screenings

Did your facility provide vision screening to EIGHTH GRADE students during the 2021-2022 academic year?

\*\*\*PLEASE NOTE: Additional reporting is only required for this grade for new students, transfer students and/or students screening in the ODH pre-approved substitute grades.\*\*\*

- Yes  
 No

For vision screening in EIGHTH GRADE students in the identified screening facility, please respond to each of the boxes below using only whole numbers.

Number screened:

\_\_\_\_\_  
 (If unknown, enter 9999. )

Number re-screened:

\_\_\_\_\_  
 (If unknown, enter 9999. )

Number referred:

\_\_\_\_\_  
 (If unknown, enter 9999. )

Number of referrals completed:

\_\_\_\_\_  
 (If unknown, enter 9999. Completed referrals are defined as a returned and completed Eye Care Specialist Report form)

Number unable to be screened due to absence or being untestable (e.g. truancy, COVID-19, or online learners):

\_\_\_\_\_  
 (If unknown, enter 9999.)

Number of students exempted from screening because student utilized Form J, the Eye Specialist Report prior to school screening:

\_\_\_\_\_  
 (If unknown, enter 9999.)

Number of student exempt from screening because student utilized Form K, the Pediatric Reporting Form prior to school screening:

\_\_\_\_\_  
 (If unknown, enter 9999.)

Number exempt from screening with parent/guardian refusal:

\_\_\_\_\_  
 (If unknown, enter 9999.)

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Please select the vision equipment used in this facility or school for EIGHTH GRADE. Select all that apply.  
(Approved occluders include adhesive patches, frosted lenses, two-inch surgical tape, Mardi Gras masks, and paddle occluders. Color vision screening tests include Pseudoisochromatic Color Testing 16 Plates, Color Vision Testing Made Easy, and Ishihara 14 Plates.)

- Approved Occluder
- LEA VIP Single, Crowded LEA Symbols at 5 feet
- JAEB Vision Screening JVAS
- SLOAN Chart at 10 feet
- PASS 2 (Smiley Face)
- Modified Clinical Technique Equipment
- Color Vision Screening
- Other/Non-Approved Equipment

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Please indicate the other vision equipment used in this facility or school for EIGHTH GRADE.

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## Ninth Grade Screenings

Did your facility provide vision screening to NINTH GRADE students during the 2021-2022 academic year?

- Yes  
 No

For vision screening in NINTH GRADE students in the identified screening facility, please respond to each of the boxes below using only whole numbers.

Number screened:

\_\_\_\_\_  
 (If unknown, enter 9999. )

Number re-screened:

\_\_\_\_\_  
 (If unknown, enter 9999. )

Number referred:

\_\_\_\_\_  
 (If unknown, enter 9999. )

Number of referrals completed:

\_\_\_\_\_  
 (If unknown, enter 9999. Completed referrals are defined as a returned and completed Eye Care Specialist Report form)

Number unable to be screened due to absence or being untestable (e.g. truancy, COVID-19, or online learners):

\_\_\_\_\_  
 (If unknown, enter 9999.)

Number of students exempted from screening because student utilized Form J, the Eye Specialist Report prior to school screening:

\_\_\_\_\_  
 (If unknown, enter 9999.)

Number of student exempt from screening because student utilized Form K, the Pediatric Reporting Form prior to school screening:

\_\_\_\_\_  
 (If unknown, enter 9999.)

Number exempt from screening with parent/guardian refusal:

\_\_\_\_\_  
 (If unknown, enter 9999.)

Please select the vision equipment used in this facility or school for NINTH GRADE. Select all that apply. (Approved occluders include adhesive patches, frosted lenses, two-inch surgical tape, Mardi Gras masks, and paddle occluders. Color vision screening tests include Pseudoisochromatic Color Testing 16 Plates, Color Vision Testing Made Easy, and Ishihara 14 Plates.)

- Approved Occluder  
 LEA VIP Single, Crowded LEA Symbols at 5 feet  
 JAEB Vision Screening JVAS  
 SLOAN Chart at 10 feet  
 PASS 2 (Smiley Face)  
 Modified Clinical Technique Equipment  
 Color Vision Screening  
 Other/Non-Approved Equipment

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Please indicate the other vision equipment used in this facility or school for NINTH GRADE.

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## Tenth Grade Screenings

Did your facility provide vision screening to TENTH GRADE students during the 2021-2022 academic year?

\*\*\*PLEASE NOTE: Additional reporting is only required for this grade for new students, transfer students and/or students screening in the ODH pre-approved substitute grades.\*\*\*

- Yes  
 No

For vision screening in TENTH GRADE students in the identified screening facility, please respond to each of the boxes below using only whole numbers.

Number screened:

\_\_\_\_\_  
 (If unknown, enter 9999. )

Number re-screened:

\_\_\_\_\_  
 (If unknown, enter 9999. )

Number referred:

\_\_\_\_\_  
 (If unknown, enter 9999. )

Number of referrals completed:

\_\_\_\_\_  
 (If unknown, enter 9999. Completed referrals are defined as a returned and completed Eye Care Specialist Report form)

Number unable to be screened due to absence or being untestable (e.g. truancy, COVID-19, or online learners):

\_\_\_\_\_  
 (If unknown, enter 9999.)

Number of students exempted from screening because student utilized Form J, the Eye Specialist Report prior to school screening:

\_\_\_\_\_  
 (If unknown, enter 9999.)

Number of student exempt from screening because student utilized Form K, the Pediatric Reporting Form prior to school screening:

\_\_\_\_\_  
 (If unknown, enter 9999.)

Number exempt from screening with parent/guardian refusal:

\_\_\_\_\_  
 (If unknown, enter 9999.)

---

Please select the vision equipment used in this facility or school for TENTH GRADE. Select all that apply. (Approved occluders include adhesive patches, frosted lenses, two-inch surgical tape, Mardi Gras masks, and paddle occluders. Color vision screening tests include Pseudoisochromatic Color Testing 16 Plates, Color Vision Testing Made Easy, and Ishihara 14 Plates.)

- Approved Occluder
- LEA VIP Single, Crowded LEA Symbols at 5 feet
- JAEB Vision Screening JVAS
- SLOAN Chart at 10 feet
- PASS 2 (Smiley Face)
- Modified Clinical Technique Equipment
- Color Vision Screening
- Other/Non-Approved Equipment

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Please indicate the other vision equipment used in this facility or school for TENTH GRADE.

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## Eleventh Grade Screenings

Did your facility provide vision screening to ELEVENTH GRADE students during the 2021-2022 academic year?

- Yes  
 No

For vision screening in ELEVENTH GRADE students in the identified screening facility, please respond to each of the boxes below using only whole numbers.

Number screened:

\_\_\_\_\_ (If unknown, enter 9999. )

Number re-screened:

\_\_\_\_\_ (If unknown, enter 9999. )

Number referred:

\_\_\_\_\_ (If unknown, enter 9999. )

Number of referrals completed:

\_\_\_\_\_ (If unknown, enter 9999. Completed referrals are defined as a returned and completed Eye Care Specialist Report form)

Number unable to be screened due to absence or being untestable (e.g. truancy, COVID-19, or online learners):

\_\_\_\_\_ (If unknown, enter 9999.)

Number of students exempted from screening because student utilized Form J, the Eye Specialist Report prior to school screening:

\_\_\_\_\_ (If unknown, enter 9999.)

Number of student exempt from screening because student utilized Form K, the Pediatric Reporting Form prior to school screening:

\_\_\_\_\_ (If unknown, enter 9999.)

Number exempt from screening with parent/guardian refusal:

\_\_\_\_\_ (If unknown, enter 9999.)

Please select the vision equipment used in this facility or school for ELEVENTH GRADE. Select all that apply. (Approved occluders include adhesive patches, frosted lenses, two-inch surgical tape, Mardi Gras masks, and paddle occluders. Color vision screening tests include Pseudoisochromatic Color Testing 16 Plates, Color Vision Testing Made Easy, and Ishihara 14 Plates.)

- Approved Occluder  
 LEA VIP Single, Crowded LEA Symbols at 5 feet  
 JAEB Vision Screening JVAS  
 SLOAN Chart at 10 feet  
 PASS 2 (Smiley Face)  
 Modified Clinical Technique Equipment  
 Color Vision Screening  
 Other/Non-Approved Equipment

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Please indicate the other vision equipment used in this facility or school for ELEVENTH GRADE.

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## Twelfth Grade Screenings

Did your facility provide vision screening to TWELFTH GRADE students during the 2021-2022 academic year?

\*\*\*PLEASE NOTE: Additional reporting is only required for this grade for new students, transfer students and/or students screening in the ODH pre-approved substitute grades.\*\*\*

- Yes  
 No

For vision screening in TWELFTH GRADE students in the identified screening facility, please respond to each of the boxes below using only whole numbers.

Number screened:

\_\_\_\_\_  
 (If unknown, enter 9999. )

Number re-screened:

\_\_\_\_\_  
 (If unknown, enter 9999. )

Number referred:

\_\_\_\_\_  
 (If unknown, enter 9999. )

Number of referrals completed:

\_\_\_\_\_  
 (If unknown, enter 9999. Completed referrals are defined as a returned and completed Eye Care Specialist Report form)

Number unable to be screened due to absence or being untestable (e.g. truancy, COVID-19, or online learners):

\_\_\_\_\_  
 (If unknown, enter 9999.)

Number of students exempted from screening because student utilized Form J, the Eye Specialist Report prior to school screening:

\_\_\_\_\_  
 (If unknown, enter 9999.)

Number of student exempt from screening because student utilized Form K, the Pediatric Reporting Form prior to school screening:

\_\_\_\_\_  
 (If unknown, enter 9999.)

Number exempt from screening with parent/guardian refusal:

\_\_\_\_\_  
 (If unknown, enter 9999.)

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Please select the vision equipment used in this facility or school for TWELFTH GRADE. Select all that apply. (Approved occluders include adhesive patches, frosted lenses, two-inch surgical tape, Mardi Gras masks, and paddle occluders. Color vision screening tests include Pseudoisochromatic Color Testing 16 Plates, Color Vision Testing Made Easy, and Ishihara 14 Plates.)

- Approved Occluder
- LEA VIP Single, Crowded LEA Symbols at 5 feet
- JAEB Vision Screening JVAS
- SLOAN Chart at 10 feet
- PASS 2 (Smiley Face)
- Modified Clinical Technique Equipment
- Color Vision Screening
- Other/Non-Approved Equipment

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Please indicate the other vision equipment used in this facility or school for TWELFTH GRADE.

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## Program Overview Questions

If the number of children referred from your facility in pre-school and K-12 grades screened does not match the number of referrals completed, in your opinion, please select barriers to follow up care or provide an answer in the other category.

**\*\*PLEASE NOTE:** Completed referrals are defined as a returned/completed Eye Care Specialist Report, note from caregiver stating child was taken to eye doctor, or a summary of a phone conversation with the caregiver stating the child was seen by an eye doctor\*\*

- Caregiver refusal (the caregiver specifically refused follow up treatment)
- Caregiver non-compliance (the caregiver did not respond after multiple attempts to contact)
- Eye Care Specialists not returning forms
- Lack of vision providers in the area
- The COVID-19 pandemic
- None
- Other

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Please list other barriers or additional comments on barriers to completing referrals.

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Please list any barriers to providing vision screening in this facility.

- Lack of proper equipment, equipment is broken or out-dated
- Inadequate or lack of proper screening space, or not enough time to do screenings
- Lack of training for screeners
- Language barriers
- Students are absent
- Students have limited hours at school
- School personnel reluctant to release students from class for testing
- The COVID-19 pandemic
- None
- Other

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Please list other barriers or additional comments on barriers to vision screenings at this facility.

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Please indicate the common reasons given by caregivers why children who were referred to an eye doctor do not receive follow up care.

- Scheduling conflicts
- Lack of insurance coverage
- Lack of vision providers in the area
- Lack of time
- Lack of transportation
- Lack of resources
- The COVID-19 pandemic
- None
- Other

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Please list other reasons given for lack of follow up care.

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Please provide any additional comments you might have regarding vision screening.

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If you would like to be added to our list serve, please provide an email below.

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