

Selection Criteria

[Hearing](#)

[Vision](#)

Hearing	Currently Enrolled	Initial Screen Date	Re-Screen Checked	Re-screen Date	Referrals for Eval checked	Letter Sent Date	Outcomes	No Screen per Parents
Initial Screen Due	Y	Blank	--	--	--	--		--
Second Screen Due	Y	--	Yes	Blank	--	--		Not checked
Referral to Parent	Y				Yes, any	Blank		Not checked
Referral to Audiologist	Y				Audiologist	Blank		Not checked
Referral to Physician	Y				Medical	Blank		Not checked
Reminder to Parents	Y					Not Blank	Blank	Not checked

Examples:

Second Screen Due

Hearing Screening Entry

Demo School 2006-2007 [Filter](#)

Student	SE	Initial	Date	Aud-R	Aud-L	Imp-R	Imp-L	OAE	Re-Screen	Refer
A Test, Anicholas		Initial	3/23/2007	F	F	F	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	Re-screen							<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	No Screen								
		Referrals for Eval		Ltr Sent	Med <input type="checkbox"/>	Aud <input type="checkbox"/>	Noise <input type="checkbox"/>	Risk <input type="checkbox"/>		
		Outcomes		Med Rec <input type="checkbox"/>	Aud Rec <input type="checkbox"/>	Not Seen <input type="checkbox"/>	First Id Loss <input type="checkbox"/>	Prev Id Loss <input type="checkbox"/>		
		Comments	Test comment							

Referral to Parent, Audiologist, Physician

Hearing Screening Entry

Demo School 2006-2007 [Filter](#)

Student	SE	Initial	Date	Aud-R	Aud-L	Imp-R	Imp-L	OAE	Re-Screen	Refer
A Test, Anicholas		Initial	3/23/2007	F	F	F	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	Re-screen	3/25/2007	F	F	F	F		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	No Screen								
		Referrals for Eval		Ltr Sent	Med <input checked="" type="checkbox"/>	Aud <input checked="" type="checkbox"/>	Noise <input type="checkbox"/>	Risk <input type="checkbox"/>		
		Outcomes		Med Rec <input type="checkbox"/>	Aud Rec <input type="checkbox"/>	Not Seen <input type="checkbox"/>	First Id Loss <input type="checkbox"/>	Prev Id Loss <input type="checkbox"/>		
		Comments	Test comment							

Reminder to Parent

Hearing Screening Entry

Demo School 2006-2007 [Filter](#)

Student	SE	Initial	Date	Aud-R	Aud-L	Imp-R	Imp-L	OAE	Re-Screen	Refer
Adams, Troy		Initial	3/14/2007	F	F	F	F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	Re-screen	3/14/2007	F	F	F	F		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	No Screen								
		Referrals for Eval	3/14/2007	Ltr Sent	Med <input checked="" type="checkbox"/>	Aud <input checked="" type="checkbox"/>	Noise <input checked="" type="checkbox"/>	Risk <input checked="" type="checkbox"/>		
		Outcomes		Med Rec <input type="checkbox"/>	Aud Rec <input type="checkbox"/>	Not Seen <input type="checkbox"/>	First Id Loss <input type="checkbox"/>	Prev Id Loss <input type="checkbox"/>		
		Comments	Test comment							

Selection Criteria

[Hearing](#)

[Vision](#)

Vision	Currently Enrolled	Initial Screen Date	Re-Screen Checked (RS)	Re-screen Date	Referrals for Eval checked	Letter Sent Date	Outcomes	No Screen per Parents
Initial Screen Due	Y	Blank	--	--	--	--		--
Second Screen Due	Y	--	Yes	Blank	--	--		Not checked
Referral to Parent	Y	--	--	--	Yes, any	Blank		Not checked
Reminder to Parent	Y	--	--	--	Yes, any	Not Blank	Blank	Not checked
Referral Color Def	Y	--	--	--	Yes, Color	Color Blank		Not checked

Examples:

Second Screen Due

Vision Screening Entry

Demo School 2006-2007 [Filter](#)

Student	SE	Date	Right	Left	Both	G	RS	RS
A Test, Anicholas 2006-2007	Initial	3/23/2007	Dist 20/160	20/40	20/50	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Ocular P <input type="checkbox"/>
			Near 20/20	20/30	20/40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Color P <input type="checkbox"/>
<input type="checkbox"/> No Screen	Re-screen					<input type="checkbox"/>	<input type="checkbox"/>	Ocular <input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	Color <input type="checkbox"/>
Referrals for Eval			Dist <input type="checkbox"/>	Near <input type="checkbox"/>	Ocu <input type="checkbox"/>			Color <input type="checkbox"/>
Outcomes			Eval Rec <input type="checkbox"/>		Not Seen <input type="checkbox"/>			
Comment								

Referral to Parent – Distance, Near or Ocular Alignment (not color)

Vision Screening Entry

Demo School 2006-2007 [Filter](#)

Student	SE	Date	Right	Left	Both	G	RS	RS
A Test, Anicholas 2006-2007	Initial	3/23/2007	Dist 20/160	20/40	20/50	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Ocular P <input type="checkbox"/>
			Near 20/20	20/30	20/40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Color P <input type="checkbox"/>
<input type="checkbox"/> No Screen	Re-screen	3/24/2007	Dist 20/160	20/40	20/50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ocular <input type="checkbox"/>
			Near			<input type="checkbox"/>	<input type="checkbox"/>	Color <input type="checkbox"/>
Referrals for Eval			Dist <input checked="" type="checkbox"/>	Near <input type="checkbox"/>	Ocu <input type="checkbox"/>			Color <input type="checkbox"/>
Outcomes			Eval Rec <input type="checkbox"/>		Not Seen <input type="checkbox"/>			
Comment								




Reminder to Parent

Vision Screening Entry

Demo School 2006-2007 [Filter](#)

Student	SE	Date	Right	Left	Both	G	RS	RS
A Test, Anicholas 2006-2007	Initial	3/23/2007	Dist 20/160	20/40	20/50	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Ocular P <input type="checkbox"/>
			Near 20/20	20/30	20/40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Color P <input type="checkbox"/>
<input type="checkbox"/> No Screen	Re-screen	3/24/2007	Dist 20/160	20/40	20/50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ocular <input type="checkbox"/>
			Near			<input type="checkbox"/>	<input type="checkbox"/>	Color <input type="checkbox"/>
Referrals for Eval		3/25/2007	Dist <input checked="" type="checkbox"/>	Near <input type="checkbox"/>	Ocu <input type="checkbox"/>			Color <input type="checkbox"/>
Outcomes			Eval Rec <input type="checkbox"/>		Not Seen <input type="checkbox"/>			
Comment								

Referral to parent – Color Deficiency

Vision Screening Entry		Demo School		2006-2007		Filter		
+ [Print]		Screening Results						
Student	SE	Date	Right	Left	Both	G	RS	RS
A Test, Anicholas 2006-2007 <input type="checkbox"/> No Screen	Initial	3/23/2007	Dist P	P	P	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Ocular P <input type="checkbox"/>
	<input type="checkbox"/> Re-screen		Near 20/20	20/30	20/40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Color F <input checked="" type="checkbox"/>
		3/24/2007	Dist P	P	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ocular <input type="checkbox"/>
	Referrals for Eval		Near <input type="checkbox"/>	Ocu <input type="checkbox"/>		<input type="checkbox"/>	Color <input checked="" type="checkbox"/>	
	Outcomes		Eval Rec <input type="checkbox"/>	Not Seen <input type="checkbox"/>				
	Comment							