

NOA School Vision Evaluation Tracking Monthly Totals

School Vision Exam Tracking	Exams performed	Glasses prescribed	Strabismus	Amblyopia	Myopia	Hyperopia	Astigmatism	Other	How many were not entering Kindergarten (transferring from another state)
March									
April									
May									
June									
July									
August									
September									
Total	0	0	0	0	0	0	0	0	0

Practice Name: _____

Complete the above tracking form. Then, either:

- | | |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | 1 Fax to NOA at 402-476-6547 or email to noa@assocoffice.net. |
| | Enter the monthly totals on the Online Survey at |
| | 2 http://www.nechildrensvision.org/SchoolVisionEvaluationTracking.html#OnlineSurvey |

Call 402-474-7716 with questions. Thank you for helping us collect this important data!

