

TEST School Nurse Vision Evaluation Survey

1. Nebraska Required School Vision Evaluation Data

1. How many of each of the following students are enrolled in your school (s) for the 2009-2010 school year?

Kindergarten students

Out of state transfers
(new to Nebraska schools)

2. Of the total number of students in question 1. above, how many returned:

A Completed School Vision Evaluation Form Signed by a Healthcare Professional

Waivers signed for the School Vision Evaluation

2. Required School Vision Evaluation Data

3. How many of the returned School Vision Forms were signed by OD's (Optometrists)

4. Of those forms signed by OD's, how many students

Passed all of the required vision tests

Failed any of the required vision tests

5. Other/Comments

3. Required School Vision Evaluation Data

6. How many of the returned School Vision Forms were signed by MD's (Medical Doctors)

7. Of those forms signed by MD's, how many students

Passed all of the required vision tests

Failed any of the required vision tests

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8. Other/Comments

4. Required School Vision Evaluation Data

9. How many of the returned School Vision Forms were signed by

PA's (Physician Assistant)
Assistant)

10. Of those forms signed by PA's, how many students

Passed all of the required vision tests

Failed any of the required vision tests

11. Other/Comments

5. Required School Vision Evaluation Data

12. How many of the returned School Vision Forms were signed by

APRN's (Advanced Practice Registered Nurse)
Nurse)

13. Of those forms signed by APRN's, how many students

Passed all of the required vision tests

Failed any of the required vision tests

14. Other/Comments

6. Required School Vision Evaluation Data

15. How many of the returned School Vision Forms were signed by

No Title Provided

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16. Of those forms signed with no title provided, how many students

Passed all of the required vision tests

Failed any of the required vision tests

17. Other/Comments

7. Outcomes of the School Vision Evaluation

18. How many students who had the required School Vision Evaluation

Were found deficient and received additional care

Were found deficient and received NO additional care

Were found to have no vision deficit

Did not make a follow-up appointment

Transferred out or withdrew from school

19. Other/Comments

8. Communication

20. Does your school use a School Vision Evaluation form created by:

The Nebraska Foundation for Children's Vision (NFCV)

Your School

HHS

Other (please specify)

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21. How does your school district communicate the need for the required vision evaluation to parents/guardians?

- Letters to parents/guardians
- In Kindergarten Roundup packets
- In School Newsletters
- Newspaper Articles
- School Web Site
- No Communication

Other (please specify)

22. Other/Comments

9. Demographic Information

23. Please fill in the following information:

Name:	<input type="text"/>
School(s)	<input type="text"/>
Address:	<input type="text"/>
Address 2:	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text"/>
ZIP/Postal Code:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>

10. Thank you for your time.

The Nebraska Foundation for Children's Vision thanks you for taking the time to complete this important survey.

If you have questions, please email us at nfcv@assocoffice.net or call 402-474-7716.

If you completed the hard copy (PDF) of this survey, you may email it to us at nfcv@assocoffice.net or fax it to 402-476-6547.

For resources on children's vision, please visit www.nechildrensvision.org.