

1. How many of each of the following students are enrolled in your school(s) for the 2011-2012 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

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

<input type="text"/>	5
<input type="text"/>	6

6. How many students who had the required School Vision Evaluation completed by an OD

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

7. Other/Comments

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

MD's (Medical Doctors)

Of the MDs, how many
were specifically recorded
as Ophthalmologists?

9. Of those forms signed by MD's (not recorded as ophthalmologist), how many students

Passed all of the required
vision tests

Failed any of the required
vision tests

10. Of those forms signed by an Ophthalmologist, how many students

Passed all of the required
vision tests

Failed any of the required
vision tests

11. Other/Comments

<input type="text"/>	5
<input type="text"/>	6

12. Please enter the number of students with each outcome by provider (OD, MD, Ophthalmologist, etc.).

	OD (Optometrist)	MD	Ophthalmologist	PA	APRN	No Title
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	€	€	€	€	€	€

Other (please specify)

13. Other/Comments

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

PA's (Physician Assistant)

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

Passed all of the required
vision tests

Failed any of the required
vision tests

16. Other/Comments

<input type="text"/>	5
<input type="text"/>	6

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

APRN's (Advanced Practice
Registered Nurse)

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

Passed all of the required
vision tests

Failed any of the required
vision tests

19. Other/Comments

<input type="text"/>	5
<input type="text"/>	6

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

No Title Provided

21. 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

22. Other/Comments

<input type="text"/>	5
<input type="text"/>	6

23. 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

24. Other/Comments

<input type="text"/>	5
<input type="text"/>	6

25. 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)

26. 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)

27. Other/Comments

28. 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" value="6"/>
ZIP/Postal Code:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>

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.