

School Vision Exam Tracking by Day - Use one Sheet for Each Month

School exam tracking	Exams performed	Glasses prescribed	Strabismus	Amblyopia	Myopia	Hyperopia	Astigmatism	Other	How many were not entering Kindergarten (transferring from another state)
1st									
2nd									
3rd									
4th									
5th									
6th									
7th									
8th									
9th									
10th									
11th									
12th									
13th									
14th									
15th									
16th									
17th									
18th									
19th									
20th									
21st									
22nd									
23rd									
24th									
25th									
26th									
27th									
28th									
29th									
30th									
31st									
Monthly Totals	0	0	0	0	0	0	0	0	0

Practice Name: _____

Use this sheet to track your school vision exams each month.

Then either:

- 1 Enter the totals on the "NOA School Vision Evaluation Monthly Totals" sheet and fax back to NOA at 402-476-6547 or email noa@assocoffice.net
- 2 Enter the monthly totals on the Online Survey at <http://www.nchildrensvision.org/SchoolVisionEvaluationTracking.html#OnlineSurvey>
- 3 Fax these sheets to NOA at 402-476-6547 or email to noa@assocoffice.net and we will compile the monthly totals for you.