TEXAS Health and Human Services | Texas Department of State Health Services

Instructions for Completing the Vision Report Form (M-62)

1. SIGNATURE: Superintendent of Schools or Chief Administrator.
2. DATE: Date this report is signed and sent to the Department of State Health Services.
3. NUMBER: District number assigned by Texas Education Agency or child care license number assigned by Department of Family and Protective Services.
4. NAME: Name of the school district or child care center.
5. CITY: Self-explanatory.
6. COUNTY: Self-explanatory
7. HSR: Health Service Region may be found on map back of Vision and Hearing Screening Requirement.
8. SCREENING PERFORMED BY: Self-explanatory; and or all may be checked if applicable.

FILLING IN COLUMNS APPROPRIATELY: Each column is listed by the grade in which the child is enrolled. PRE SCH means all preschool children of all ages.

Column A0: Number of children screened for vision problems. This number should include those children screened by physicians or eye specialist.

SCREENED WITH CORRECTION A1: Number of children who were wearing glasses or contact lenses at the time of screening (This number will be smaller than the one in column A.)

SCREENED WITH AUTOMATED SCREENING DEVICE A2: Number of children screened with an Automated Screening Device.

Column B0: Number of children who failed the distance acuity screen or any other screen for a vision problem, e.g., signs and symptoms, muscle balance test, binocularity tests, etc.

Column B1: Number of children who failed the distance acuity screen or any other screen for a vision problem, using an Automated Screening Device e.g., signs and symptoms, muscle balance tests, binocularity tests, etc.

Column C0: Number of children who were referred to an eye specialist (to get his number, subtract those children who were under an eye specialist's care at the time of screening failure from the number in Column B).

Column C1: Number of children who were referred using an Automated Screening Device to an eye specialist (to get this number, subtract those children who were under an eye specialist's care at the time of screening failure from the number in Column B).

Column D0: Number of children who were referred but are no longer enrolled in this facility.

Column D1: Number of children who were referred using an Automated Screening Device, but are no longer enrolled in this facility.

Column E0: Number of children who were referred and had no problem upon examination by an eye specialist.

Column E1: Number of children who were referred using an Automated Screening Device and had no problem upon examination by an eye specialist.

Column F0: Number of children who were referred and received treatment or are under observation for a condition found upon examination by an eye specialist.

Column F1: Number of children who were referred using an Automated Screening Device and received treatment or are under observation for a condition found upon examination by an eye specialist.

Column G0: Number of children who were referred and were not examined by an eye specialist or that information is not known.

Column G1: Number of children who were referred using an Automated Screening Device and were not examined by an eye specialist or that information is not known.

NOTE: **Column C0= Columns D0+E0+F0+G0**
Column B0≥Column C0

Instructions for Completing the Hearing Screening Report Form (M-52)

1. SIGNATURE: Superintendent of schools or Chief Administrator.
2. DATE: Date this report is signed and sent to the Department of State Health Services.
3. NUMBER: District number assigned by Texas Education Agency or child care license number assigned by Department of Family and Protective Services.
4. NAME: Name of the school district or child care center.
5. CITY: Self-explanatory.
6. COUNTY: Self-explanatory.
7. HSR: Health Service Region may be found on map back of Vision and Hearing Screening Requirements.
8. SCREENING PERFORMED BY: Self-explanatory; any or all may be checked if applicable.

FILLING IN COLUMNS APPROPRIATELY: EACH COLUMN IS LISTED BY THE GRADE IN WHICH THE CHILD IS ENROLLED. **PRE SCH** means all preschool children of all ages.

LATE EXAM RESULTS FROM LAST YEAR: Number of children who were referred the year before this report and who were examined by a hearing specialist, an otologist or an audiologist, during the current school year. (Refer to instructions for Columns E and F.)

Column A: Number of children screened for hearing problems. This number should include those children screened by physicians or hearing specialists.

Column B: Number of children who failed the pure-tone screen or any other screen for a hearing problem, e.g., signs and symptoms, impedance test, etc.

Column C: Number of children who were referred to a hearing specialist. (To get this number, subtract those children who were under a hearing specialist's care at the time of screening failure from the number in Column B.)

Column D: Number of children who were referred but are no longer enrolled in this facility.

Column E: Number of children who were referred and had no problem upon examination by a hearing specialist.

Column F: Number of children who were referred and received treatment or are under observation for a condition found upon examination by a hearing specialist.

Column G: Number of children who were referred and were not examined by a hearing specialist or that information is not known.

NOTE: **Column C = Columns D + E + F + G**

Column B ≥ Column C

INSTRUCTIONS FOR THE SPINAL SCREENING REPORT (FORM M-51)

School districts, private school systems, and charter schools: use this form to report cumulative totals of the spinal screenings conducted at each of your campuses.

Individual public/private school campuses within a district/system: this form is useful for reporting campus totals to main office. The main office enters cumulative totals of all campuses onto one form and submits that form to DSHS.

STUDENT SPINAL SCREENING (Columns A - D)

Age: Enter numbers under the respective students' grade(G) or Age(A) and sex (F or M).

(A) **Under prior treatment:** Enter number of students who have already received professional treatment for a spinal abnormality. Do not screen these students and do not enter their diagnosis or treatment on the report form.

(B) **Students screened:** Enter number of students screened.

(C) **Rescreened:** Enter number of students that received a second screening as result of a possible abnormal finding during the initial screening.

(D) **Referred:** Enter number of rescreened students above whose parents were given a spinal screening parent notification and referral for a professional examination.

RESULTS OF REFERRALS ONLY (Columns E - M)

This section is for recording the results of the professional exams of those students referred. Do not enter your assessment of the condition. If results are not available, indicate that in Column M.

PHYSICIAN DIAGNOSIS (Columns E - H)

(E) Normal: Number of students determined by their physician to have normal curvature.

(F) Scoliosis: Number of students that received a diagnosis of scoliosis from their physician.

(G) Kyphosis: Number of students that received a diagnosis of kyphosis from their physician.

(H) Other: Number of students that received a diagnosis for a condition not listed above.

TREATMENT PLAN (Columns I - M)

Mark only one treatment for each student. If a student receives multiple treatments, mark only the treatment that appears furthest to right on this form's treatment columns.

(I) Observation only: Enter number of students to be observed only at this time.

(J) Bracing: Enter number of students for whom a brace has been prescribed.

(K) Surgery: Enter number of students for whom surgery has been indicated.

(L) Other: Enter number of students receiving a treatment not indicated above.

(M) Results unavailable: Enter number of referred students for whom professional exam results are unavailable. Results should be submitted next year on the LATE EXAM RESULTS table.

DOUBLE CHECK YOUR MATH: Sum of Columns E, F, G, H, & M should equal sum of Column D. Make sure you **did not** enter diagnosis/treatment for students under prior treatment (Column A).

LATE EXAM RESULTS

Use this table to record the results of referrals (if any) that were made the last school year, but returned too late to be included on last year's spinal screening report form.