

Vision, Hearing, and Spinal Screening Annual Reporting Survey (VHSSARS)

How to submit VHSS Data



Facility Information

Part 1

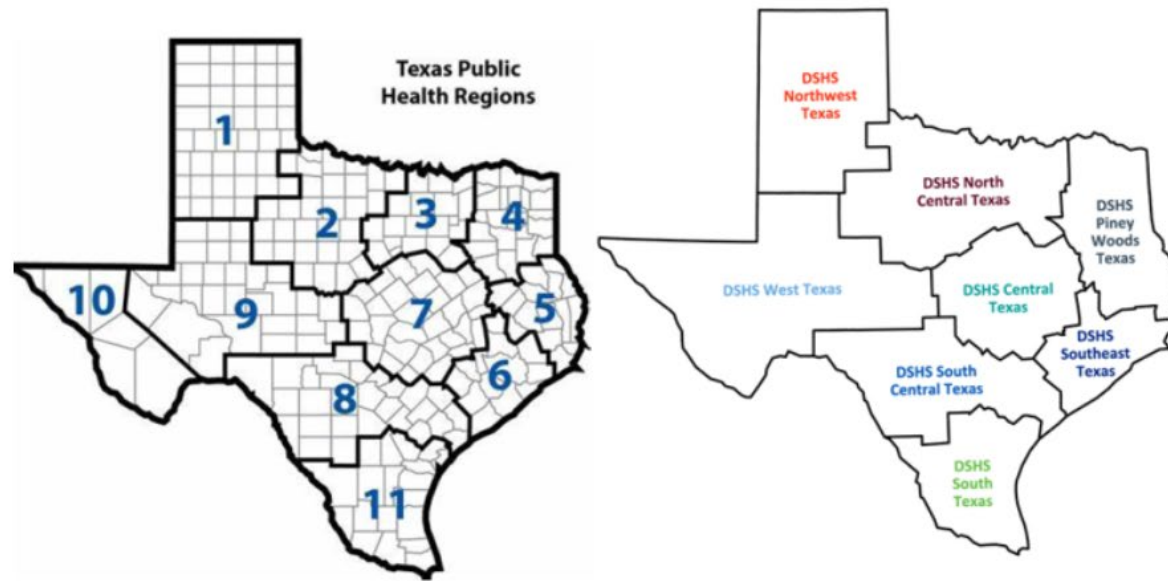


Select the Area

Public Health Region

...

Using the graphics below, please confirm which Public Health Region and County you are located in. You are free to come back to this section to help you find your location.



Region and County

Select one Public Health Region, then select one County

Public Health Regions

Counties



Texas Department of State
Health Services

Public Health Region and County



Region and County. Select one Public Health Region, then select one County

Public Health Regions

Counties

- Region 1 North West Texas
- Region 2/3 North Central Texas
- Region 4/5N Piney Woods
- Region 6/5 Southeast Texas
- Region 7 Central Texas
- Region 8 South Central
- Region 9/10 West Texas
- Region 11 South Texas



Region and County. Select one Public Health Region, then select one County

Public Health Regions

Counties

Region 1 North West Texas

Counties

- Armstrong
- Bailey
- Briscoe
- Carson
- Castro
- Childress
- Cochran
- Collingsworth
- Crosby
- Dallam
- Deaf Smith



Texas Department of State Health Services

Select Type of Facility



Please select one. What type of facility are you?

- Public
- Private
- Licensed Child Care Center
- Licensed Child-Care Home



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Enter Facility Information



Make sure to enter. Complete each of the sections.

Facility Name

Street Address

Street Address
Continued

City

Zip code

Facility ID



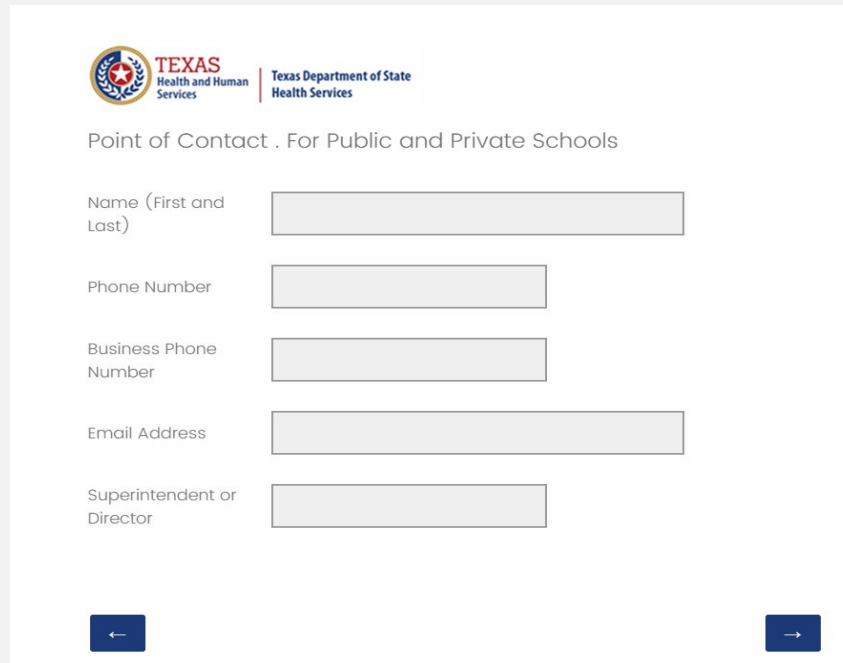
***Contact Regional
Coordinator for
Facility ID**




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Facility Contact Information

Public and Private Schools



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Point of Contact . For Public and Private Schools

Name (First and Last)

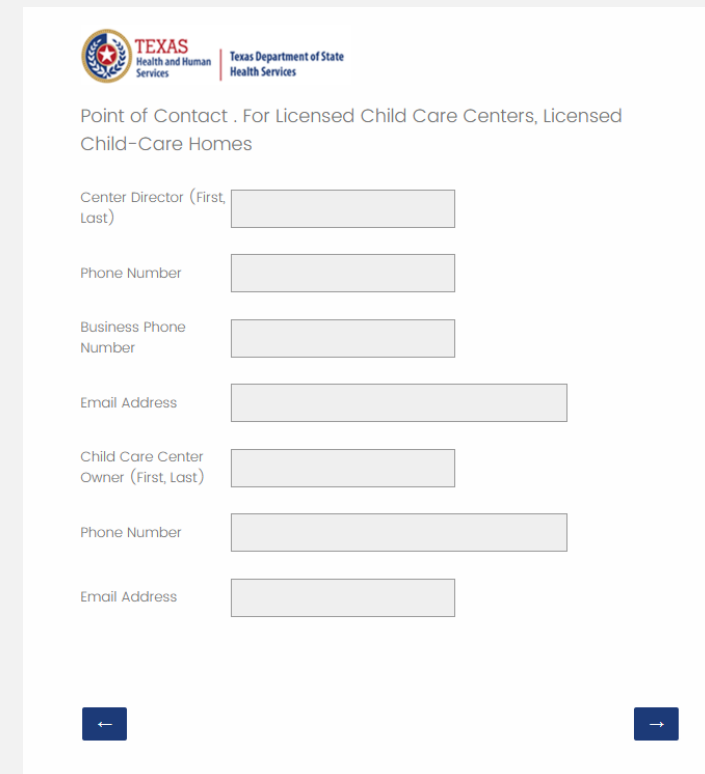
Phone Number


Business Phone Number

Email Address

Superintendent or Director

Licensed Child Care Center/ Licensed Child Care Homes



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Point of Contact . For Licensed Child Care Centers, Licensed Child-Care Homes

Center Director (First, Last)

Phone Number

Business Phone Number

Email Address

Child Care Center Owner (First, Last)

Phone Number

Email Address



After School Only



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After-School Only. Is your Child Care Center or Child Care Home considered afterschool only? (Facility will only be open to the children after the school day is over).

Yes

No



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Vision

Part 2



Enter Vision Screening Results



Vision Screening. Once you have entered all of your data, please verify each of the fields.

	Students Unable To Be Screened Due to SB 12 Waiver	Total Number Screened (A0)	Screened with Correction (A1)	Screened with Auto Screening Device (A2)	Screened with Electronic Eye Chart (A3)	Total Number Passed (A4)	Total Number Failed (B0)	Number Failed with Auto Screening Device (B1)	Number Failed with Electronic Eye Chart (B2)	Total Number Referred (C0)	Number Referred with Automated Screening Device (C1)	Number Referred with Electronic Eye Chart (C2)	Total Number Transferred (D0)	Number Transferred with Automated Screening Device (D1)	Number Transferred with Electronic Eye Chart (D2)	Total Number Examined (E-F)	Total No Problem (E0)	No Problem with Automated Screening Device (E1)	No Problem with Electronic Eye Chart (E2)	Total Treatment (F0)	Treatment with Automated Screening Device (F1)	Treatment with Electronic Eye Chart (F2)	Total Referred Not Examined (G0)	Referred Not Examined with Auto Screening Device (G1)	Referred Not Examined with Electronic Eye Chart (G2)
PK	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
K	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0



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Vision Screening Results Columns -1



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Vision Screening. Once you have entered all of your data, please verify each of the fields.

	Students Unable To Be Screened Due to SB 12 Waiver	Total Number Screened (A0)	Screened with Correction (A1)	Screened with Auto Screening Device (A2)	Screened with Electronic Eye Chart (A3)	Total Number Passed (A4)	Total Number Failed (B0)	Number Failed with Aut Screenin g Device (B1)
PK	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
K	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
1	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
2	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
3	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
4	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
5	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
6	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
7	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>



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Vision Screening Results Columns -2

Number Failed with Electronic Eye Chart (B2)	Total Number Referred (C0)	Number Referred with Automated Screening Device (C1)	Number Referred with Electronic Eye Chart (C2)	Total Number Transferred (D0)	Number Transferred with Automated Screening Device (D1)	Number Transferred with Electronic Eye Chart (D2)
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0



Vision Screening Results Columns -3

Total Number Examined (E-F)	Total No Problem (E0)	No Problem with Automated Screening Device (E1)	No Problem with Electronic Eye Chart (E2)	Total Treatment (F0)	Treatment with Automated Screening Device (F1)	Treatment with Electronic Eye Chart (F2)	Total Referred Not Examined (G0)	Referred Not Examined with Auto Screening Device (G1)	Referred Not Examined with Electronic Eye Chart (G2)
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0



Vision Validation Reminder



Validation Reminder. **The following conditions must be satisfied for each grade:**

1. Column A0 must be greater than or equal to column A4 + B0.
2. The sum of columns A1, A2, and A3 cannot be greater than column A0.
3. Column B0 must be greater than or equal to column C0.
4. Column C0 must be equal to the sum of columns D0, E-F, and G0.

Please review each of the sections before you move on to the next portion.

Yes

No



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Late Exam Results



Additional Vision. Do you have any late professional exam results to report from the previous school year?

Yes

No



Texas Department of State Health Services



Late Exam Results. Last Year's Professional Exam

	No Problem	Treatment
PK	<input type="text" value="0"/>	<input type="text" value="0"/>
K	<input type="text" value="0"/>	<input type="text" value="0"/>
1	<input type="text" value="0"/>	<input type="text" value="0"/>
2	<input type="text" value="0"/>	<input type="text" value="0"/>
3	<input type="text" value="0"/>	<input type="text" value="0"/>
4	<input type="text" value="0"/>	<input type="text" value="0"/>
5	<input type="text" value="0"/>	<input type="text" value="0"/>
6	<input type="text" value="0"/>	<input type="text" value="0"/>
7	<input type="text" value="0"/>	<input type="text" value="0"/>
8	<input type="text" value="0"/>	<input type="text" value="0"/>
9	<input type="text" value="0"/>	<input type="text" value="0"/>
10	<input type="text" value="0"/>	<input type="text" value="0"/>
11	<input type="text" value="0"/>	<input type="text" value="0"/>
12	<input type="text" value="0"/>	<input type="text" value="0"/>
Total	<input type="text" value="0"/>	<input type="text" value="0"/>



Hearing

Part 3



Enter Hearing Screening Results



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Hearing Screening. Once you have entered all of your data,
please verify each of the fields.

	Students Unable To Be Screened Due to SB 12 Waiver	Total Number Screened (A0)	Total Number Passed (A1)	Total Number Failed (B0)	Total Number Referred (C0)	Total Number Transferred (D0)	Total Number Examined (E-F)	Total No Problem (E0)	Total reatment (F0)	Total Referred Not Examined (G0)
PK	0	0	0	0	0	0	0	0	0	0
K	0	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	0	0	0
8	0	0	0	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0	0	0	0
10	0	0	0	0	0	0	0	0	0	0
11	0	0	0	0	0	0	0	0	0	0
12	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0



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Hearing Screening Results Columns



Hearing Screening. Once you have entered all of your data, please verify each of the fields.

	Students Unable To Be Screened Due to SB 12 Waiver	Total Number Screened (A0)	Total Number Passed (A1)	Total Number Failed (B0)	Total Number Referred (C0)	Total Number Transferred (D0)	Total Number Examined (E-F)	Total No Problem (E0)	Total reatment (F0)	Total Referred Not Examined (G0)
PK	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
K	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
1	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
2	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
3	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
4	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
5	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>



Hearing Validation Reminder



Validation Reminder. **The following conditions must be satisfied for each grade:**

1. Column A0 must be greater than or equal to column A1 + B0.
2. Column B0 must be greater than or equal to column C0.
3. Column C0 must be equal to the sum of columns D0, E-F, and G0.

Yes

No



Texas Department of State
Health Services

Late Exam Results



Additional Hearing. Do you have any late professional exam results to report from the previous school year?

Yes

No



Texas Department of State Health Services



Late Exam Results. Last Year's Professional Exam

	No Problem	Treatment
PK	<input type="text" value="0"/>	<input type="text" value="0"/>
K	<input type="text" value="0"/>	<input type="text" value="0"/>
1	<input type="text" value="0"/>	<input type="text" value="0"/>
2	<input type="text" value="0"/>	<input type="text" value="0"/>
3	<input type="text" value="0"/>	<input type="text" value="0"/>
4	<input type="text" value="0"/>	<input type="text" value="0"/>
5	<input type="text" value="0"/>	<input type="text" value="0"/>
6	<input type="text" value="0"/>	<input type="text" value="0"/>
7	<input type="text" value="0"/>	<input type="text" value="0"/>
8	<input type="text" value="0"/>	<input type="text" value="0"/>
9	<input type="text" value="0"/>	<input type="text" value="0"/>
10	<input type="text" value="0"/>	<input type="text" value="0"/>
11	<input type="text" value="0"/>	<input type="text" value="0"/>
12	<input type="text" value="0"/>	<input type="text" value="0"/>
Total	<input type="text" value="0"/>	<input type="text" value="0"/>



Reminder

- For Licensed Child Care Centers and Licensed Child Care Homes, you will only be required to report the vision and hearing screening results.



Spinal

Part 4



Enter Spinal Screening Results



Spinal Screening . Once you have entered all of your data, please verify each of the fields.

	Students Unable To Be Screened Due to SB 12 Waiver	Under Prior Treatment (Do not Screen) (A)	Screened (B)	Rescreened (C)	Total Number Passed	Total Number Failed	Referred (D)	Normal (E)	Scoliosis (F)	Kyphosis (G)	Other (H)	Observation Only (I)	Orthosis (Bracing) (J)	Operation (Surgery) (K)	Other (L)	Results Unavailable (M)
G5F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
G7F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
G8M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
A10F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
A12F	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
A13M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
A14M	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0



Texas Department of State Health Services

Spinal Screening Results Columns -1



Spinal Screening . Once you have entered all of your data, please verify each of the fields.

	Students Unable To Be Screened Due to SB 12 Waiver	Under Prior Treatment (Do not Screen) (A)	Screened (B)	Rescreened (C)	Total Number Passed	Total Number Failed	Referred (D)	Normal (E)
G5F	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
G7F	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
G8M	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
A10F	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
A12F	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
A13M	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
A14M	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Total	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>



Texas Department of State Health Services

Spinal Screening Results Columns -2

Scoliosis (F)	Kyphosis (G)	Other (H)	Observation Only (I)	Orthosis (Bracing) (J)	Operation (Surgery) (K)	Other (L)	Results Unavailable (M)
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0



Spinal Validation Reminder



Validation Reminder. **The following conditions must be satisfied for each grade:**

1. Column B must be greater than or equal to the sum of Total Number Passed and Total Number Failed.
2. The Total Number Failed must be greater than or equal to Column D
3. Column D must be greater than or equal to the sum of columns E, F, G, H, and M.

Yes

No



Texas Department of State
Health Services

Late Exam Results



Additional Spinal. Do you have any late professional exam results to report from the previous school year?

Yes

No



Texas Department of State
Health Services

Late Exam Results Columns



Late Exam Results. Last Year's Professional Exam

	Normal	Scoliosis	Kyphosis	Other	Observation	Bracing	Surgery	Other
G5F	0	0	0	0	0	0	0	0
G7F	0	0	0	0	0	0	0	0
G8M	0	0	0	0	0	0	0	0
A10F	0	0	0	0	0	0	0	0
A12F	0	0	0	0	0	0	0	0
A13M	0	0	0	0	0	0	0	0
A14M	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0



Submission

Part 5



End of Survey

Facilities are encouraged to download and retain a PDF copy as proof of submission.



We thank you for your time spent taking this survey.
Your response has been recorded.

Below is a summary of your responses

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