

TABLE OF CONTENTS

Section 7

Screening Programs

2. Oral Health Assessment Notification (Eng)
3. Oral Health Assessment Notification (Spn)
4. Oral Health Assessment Form (Eng)
5. Oral Health Assessment Form (Spn)
6. Waiver of Oral Assessment Requirements (Eng/Spn)
7. Dental Screening Report/Referral (Eng)
8. Dental Screening Report/Referral (Spn)
9. Assistance League Dental Center Application for Dental Care
10. Assistance League Dental Center Schedule of Appointments
11. Parent Notification of Dental Care Needed
12. Dental Appointment Reminder Notice
13. Map to Assistance League Dental Center
14. Oral Assessment Report
15. Instructions for Oral Health Assessment Report
16. Hearing and Vision
17. Referral for Hearing Evaluation (Eng)
18. Referral for Hearing Evaluation (Spn)
19. Audiogram
20. Parent Notification of Ear Wax
21. Students with a Hearing Deficit in a Regular Classroom
22. Screening Procedure for the School Nurse (Hearing)
23. Worksheet for Annual Hearing Report
24. Audiological Exam Process
25. Annual Report of Hearing Test
26. Referral for Vision Evaluation (Eng)
27. Referral for Vision Evaluation (Spn)
28. Teacher Notification for Students with Vision Problems
29. Parent Response Form for Vision Referral (Eng)
30. Parent Response Form for Vision Referral (Spn)
31. Financial Assistance for Students Needing Eye Exams & Glasses
32. Cover Letter for Vision Application (Eng)
33. Cover Letter for Vision Application (Spn)
34. Application for Vision Assistance (Eng)
35. Application for Vision Assistance (Spn)
36. Parent Notification of Color Vision Deficiency (Eng)
37. Parent Notification of Color Vision Deficiency (Spn)
38. Types of Vision Screening Utilized
39. Signs & Symptoms Indicating Visual Disturbances
40. Common Vision Problems
41. Vision Referral Worksheet
42. Annual Report of Vision Testing
43. Vision & Hearing Parent Notification of Possible Problems (Eng)
44. Vision & Hearing Parent Notification of Possible Problems (Spn)
45. Scoliosis Screening Procedure
46. Parent Permission for Scoliosis Screening (Eng)

47. Parent Permission for Scoliosis Screening (Spn)
48. Scoliosis Worksheet
49. Referral for Medical Evaluation (Eng)
50. Referral for Medical Evaluation (Spn)
51. Parent Notification of Screening (Eng)
52. Parent Notification of Screening (Spn)
53. Parent Notification of Potential Diabetes (Eng)
54. Parent Notification of Potential Diabetes (Spn)
55. Scoliosis Screening for Girls Worksheet
56. Scoliosis Screening for Boys Worksheet
57. Scoliosis Screening Report
58. Type 2 Diabetes Information (Eng)
59. Type 2 Diabetes Information (Spn)
60. Vision & Hearing Worksheet