



*Wellness Department*  
430-D Oil Mill Road  
Tornillo, TX 79853  
Phone 915.765.3565  
Fax 915.765.3599

# MEMORANDUM

To:  
From:  
Subject:  
Date:

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HISTORY:

RATIONALE:

BUDGET IMPACT:

ADMINISTRATIVE RECOMMENDATION:

***Vision:*** Believe we can succeed, with pride we will achieve.

***Mission:*** The mission of the District is to educate and inspire students in a safe and supportive environment which will result in closing the achievement gap by preparing all students for college readiness and success in a global society.



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

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

Introduction . Welcome to our new Vision, Hearing, and Spinal Screening Annual Reporting Survey (VHSSARS) using Qualtrics. We hope that you will find the simple survey-based reporting interface to be a bit more user-friendly/easy to navigate than the Child Health Reporting System.

Just as with the Child Health Reporting System, your vision, hearing, and spinal screening reports will start **January 15th, and they are due no later than the close of business on June 30th of each year.**

The annual reporting provides data to show if your screening program is effective. The state can make informed decisions that impact children's health and development.

Your responses are confidential - no institution-specific information will be shared. All data will be evaluated and reported in the aggregate.

Each section (Vision, Hearing, and Spinal) must be completed as appropriate for your facility. **Please make sure all your reporting information is complete and correct before beginning the survey.** You will only be allowed one submission per academic year.

*\* There may be some facilities that may not have children of age to be screened in a given reporting year. Nevertheless, a report is required each academic year, whether or not your facility had children who were required to be screened during that year. If your facility does not have any children that are required to be screened, fill in the appropriate sections with "0"s.*

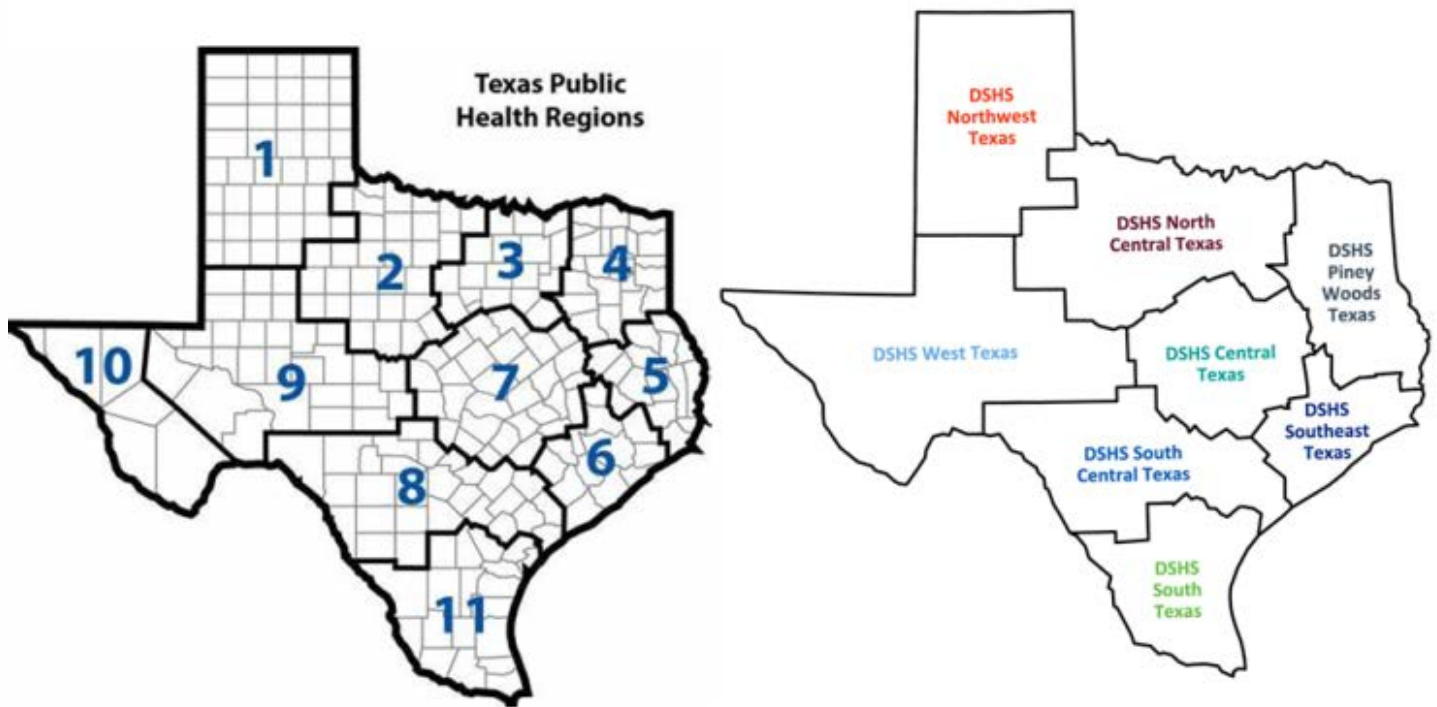
*In the case of Spinal Screenings, for Public and Private Schools, if your facility does not have any ages or grades to be screened, please fill in the appropriate sections with "0"s.*

Make sure to have your Facility ID with you before you begin. If you do not know your Facility ID, you can contact your [Regional Program Coordinator](#) or Customer Service through email or by phone: [VHSSProgram@dshs.texas.gov](mailto:VHSSProgram@dshs.texas.gov), 512-776-7420, Toll-free 800-252-8023 Ext. 7420.

**\*Due to SB 12 (Public School Only)\***

*Public schools will report in each section those students that were exempt due to parents and legal guardians opting out of the school health screenings and in the appropriate columns those children that were screened by the facility or screened by a physician, eye specialist, or hearing specialist during professional examination.*

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

Region 9/10 West Texas ▼

Counties

El Paso ▼

Please select one. What type of facility are you?

Public ▼

Make sure to enter. Complete each of the sections.

Facility Name

Tornillo ISD

Street Address

PO Box 170

Street Address Continued

N/A

City

Tornillo

Zip code

79853

Facility ID

9071908000

## Point of Contact . For Public and Private Schools

Name (First and Last)

Linda Rivero, RN

Phone Number

9152488472

Business Phone Number

9157653000

Email Address

riveroL@tisd.us

Superintendent or Director

Rosy Vega-Barrio

## Important. **Instructions for filling in the Vision Screening results:**

1. Please have all your reporting information compiled before beginning to fill in the fields below for Vision Screening.
2. You will be entering the total number of children corresponding to each of the columns, as indicated.
3. You will only include those children under column A0 who were screened for vision problems at the facility and those children who were screened by physicians or eye specialists if the parent or legal guardian provided the documentation.
4. All children enrolled at the facility will be accounted for in the first column (**Public School Only**) or column A0.

*\*For Public Schools Only- Please enter those students that are exempt due to the SB12 Waiver in the first column\**

### **All children screened will be accounted for in columns A0, A1, A2, A3, and A4 as appropriate.**

1. Column A1 will include any child who is screened with correction (i.e. glasses or contact lenses) regardless of the type of screening performed.
2. Column A2 will include the total number of children screened with an Automated Screening Device.
3. Column A3 will include the total number of children screened with an Electronic Eye Chart.
4. Column A4 will include the total number of children who have passed the screening.
- 5. Columns B0-G2 apply only to those children who FAIL the screening.**
6. Column B0 will include the total number of children who failed the screening.
7. Column B1 will include the total number of children who failed with an Automated Screening Device.
8. Column B2 will include the total number of children who failed with an Electronic Eye Chart.
9. Column C0 will include the total number of children who are referred.
10. Column C1 will include the total number of children who are referred with an Automated Screening Device.
11. Column C2 will include the total number of children who are referred with an Electronic Eye Chart.
12. Column D0 will include the total number of children who are transferred during the referral process.

13. Column D1 will include the total number of children who are transferred during the referral process who were screened with an Automated Device.

14. Column D2 will include the total number of children who are transferred during the referral process who were screened with an Electronic Eye Chart.

15. Column E-F will include the total number of children who are evaluated during a professional exam.

**16. Column E-F is the sum of all the totals from columns - E0,E1,E2,F0,F1,F2.**

17. Column E0 will include the total number of children who were referred and are evaluated to have no problem found upon professional examination.

18. Column E1 will include the total number of children who were referred using an Automated Screening Device and are evaluated to have no problem found upon professional examination.

19. Column E2 will include the total number of children who were referred using an Electronic Eye Chart and are evaluated to have no problem found upon professional examination.

20. Column F0 will include the total number of children who were referred and received treatment or are under observation for a condition found upon professional examination.

21. Column F1 will include the total number of children who were referred using an Automated Screening Device and received treatment or are under observation for a condition found upon professional examination.

22. Column F2 will include the total number of children who were referred using an Electronic Eye Chart and received treatment or are under observation for a condition found upon professional examination.

23. Column G0 will include the total number of children who were referred and were not evaluated with a professional exam or that information is not known.

24. Column G1 will include the total number of children who were referred using an Automated Screening Device and were not evaluated with a professional exam or that information is not known.

25. Column G2 will include the total number of children who were referred using an Electronic Eye Chart and were not evaluated with a professional exam or that information is not known.

**IMPORTANT: All children who have been referred (C0, C1,C2) must be accounted for in columns D0/D1/D2,E-F/E0/E1/E2, F0/F1/F2, or G0/G1/G2, as appropriate.**

**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.*

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)
PK	0	16	2	0	0	14	2	0
K	0	47	3	0	0	43	4	0
1	0	51	8	0	0	40	11	0
2	0	8	1	0	0	6	2	0
3	0	48	8	0	0	42	6	0
4	0	2	1	0	0	2	0	0
5	0	54	13	0	0	51	3	0
6	0	4	2	0	0	4	0	0
7	0	40	10	0	0	38	2	0
8	0	5	3	0	0	4	1	0
9	0	1	0	0	0	1	0	0
10	0	2	1	0	0	2	0	0
11	0	5	3	0	0	4	1	0
12	0	0	0	0	0	0	0	0
Total	0	283	55	0	0	251	32	0

	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)
PK	0	2	0	0	1	0	0	1
K	0	4	0	0	0	0	0	1
1	0	11	0	0	2	0	0	5
2	0	2	0	0	0	0	0	1
3	0	6	0	0	0	0	0	3
4	0	0	0	0	0	0	0	0
5	0	3	0	0	0	0	0	3
6	0	0	0	0	0	0	0	0
7	0	2	0	0	0	0	0	1
8	0	1	0	0	0	0	0	1
9	0	0	0	0	0	0	0	0
10	0	0	0	0	0	0	0	0
11	0	1	0	0	0	0	0	0
12	0	0	0	0	0	0	0	0
Total	0	32	0	0	3	0	0	16

	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)
PK	0	0	0	1	0	0	0	0
K	0	0	0	1	0	0	3	0
1	0	0	0	5	0	0	4	0
2	0	0	0	1	0	0	1	0
3	0	0	0	3	0	0	3	0
4	0	0	0	0	0	0	0	0
5	1	0	0	2	0	0	0	0
6	0	0	0	0	0	0	0	0
7	0	0	0	1	0	0	1	0
8	0	0	0	1	0	0	0	0
9	0	0	0	0	0	0	0	0
10	0	0	0	0	0	0	0	0
11	0	0	0	0	0	0	1	0
12	0	0	0	0	0	0	0	0
Total	1	0	0	15	0	0	13	0

Referred Not  
Examined with  
Electronic Eye  
Chart (G2)

PK

0

K

0

1

0

2

0

3

0

4

0

5

0

6

0

7

0

8

0

9

0

10

0

11

0

12

0

Total

0

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

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

- Yes  
 No

### Late Exam Results. Last Year's Professional Exam

	No Problem	Treatment
PK	0	0
K	0	4
1	0	3
2	0	0
3	0	0
4	0	0
5	0	0
6	0	0
7	0	0
8	0	0
9	0	0
10	0	0
11	0	0
12	0	0
Total	0	7

**Important. Instructions for filling in the Hearing Screening results:**

1. Please have all your reporting information compiled before beginning to fill in the fields below for Hearing Screening.
2. You will be entering the total number of children corresponding to each of the columns, as indicated.
3. You will only include those children under column A0 who were actually screened by the facility and those children screened by physicians or hearing specialists if the parent or legal guardian provided the documentation.
4. All children enrolled at the facility will be accounted for in the first column (**Public School Only**) or column A0.

*\*For Public Schools Only- Please enter those students that are exempt due to the SB12 Waiver in the first column\**

1. Column A1 will include the total number of children who have passed the screening.
2. **Columns B0-G0 apply only to those children who FAIL the screening.**
3. Column B0 will include the total number of children who failed the screening.
4. Column C0 will include the total number of children who are referred.
5. Column D0 will include the total number of children who are transferred during the referral process.
6. Column E-F will include the total number of children who are evaluated during a professional exam.
7. **Column E-F is the sum of all the totals from columns - E0 and F0.**
8. Column E0 will include the total number of children who were referred and are evaluated to have no problem found upon professional examination.
9. Column F0 will include the total number of children who were referred and received treatment or are under observation for a condition found upon professional examination.
10. Column G0 will include the total number of children who were referred and were not evaluated with a professional exam or that information is not known.

**IMPORTANT: All children who have been referred (C0) must be accounted for in columns D0, E-F, E0, F0, or G0 as appropriate.**

**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.

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)
PK	0	16	16	0	0	0	0	0
K	0	49	49	0	0	0	0	0
1	0	55	55	0	0	0	0	0
2	0	7	7	0	0	0	0	0
3	0	51	51	0	0	0	0	0
4	0	2	2	0	0	0	0	0
5	0	58	58	0	0	0	0	0
6	0	4	4	0	0	0	0	0
7	0	45	45	0	0	0	0	0
8	0	6	6	0	0	0	0	0
9	0	1	1	0	0	0	0	0
10	0	2	2	0	0	0	0	0
11	0	5	5	0	0	0	0	0
12	0	1	1	0	0	0	0	0
Total	0	302	302	0	0	0	0	0

	Total Treatment (F0)	Total Referred Not Examined (G0)
PK	0	0
K	0	0
1	0	0
2	0	0
3	0	0
4	0	0
5	0	0
6	0	0
7	0	0
8	0	0
9	0	0
10	0	0
11	0	0
12	0	0
Total	0	0

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.
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

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

- Yes
- No

Late Exam Results. Last Year's Professional Exam

	No Problem	Treatment
PK	0	0
K	0	0
1	0	0
2	0	0
3	0	0
4	0	0
5	0	0
6	0	0
7	0	0
8	0	0
9	0	0
10	0	0
11	0	0
12	0	0
Total	0	0

**Important. Instructions for filling in the Spinal Screening results:**

1. Please have all your reporting information compiled before beginning to fill in the fields below for Spinal Screening.
2. You will be entering the total number of children corresponding to each screening category (G5F, G7F, G8M, A10F, A12F, A13M, A14M) as indicated.
3. All children enrolled at the facility will be accounted for in the first column (**Public School Only**), columns A, or column B.
4. Column A will include the total number of children 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.
5. You will only include those children under column B who were actually screened by the facility and those children screened by physicians if the parent or legal guardian provided the documentation.

*\*For Public Schools Only- Please enter those students that are exempt due to the SB12 Waiver in the first column\**

1. Column C will include the total number of children who failed the initial screening and received a second screening as a result of a possible abnormal finding.
2. Total Number Passed will include the total number of children who passed the initial screening and children who passed after being rescreened.
3. Total Number Failed will include the total number of children who have failed both the initial screening and rescreening as a result of a possible abnormal finding.
4. If a child is uncooperative or otherwise unable to screen, that child will be reported in column D but not in column B.
5. Column D will include the total number of children who were referred for professional examination.
6. Columns C through Column M refer only to those students who fail their screenings.

**IMPORTANT: All children who have been referred (D0) must be accounted for in columns E, F, G, or H, as appropriate. \*Results of Referrals Only\***

*Physicians Diagnosis*

1. Column E will include the total number of children determined by their physician to have normal curvature.
2. Column F will include the total number of children that received a diagnosis of scoliosis from their physician.

3. Column G will include the total number of children that received a diagnosis of kyphosis from their physician.
4. Column H will include the total number of children that received a diagnosis for a condition not listed above from their physician.

*Treatment Plan (Columns I, J, K, L, and M)*

1. Mark only one treatment for each student. If a student receives multiple treatment, mark only the treatment that appears furthest to the right on the treatment columns.
2. Column I will include the total number of children that will be under observation by their physician.
3. Column J will include the total number of children that have been prescribed a brace by their physician.
4. Column K will include the total number of children that surgery has been indicated by their physician.
5. Column L will include the total number of children that will receive treatment other than those listed above.
6. Column M will include the total number of children that professional exam results are unavailable or not known.

**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.



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 equal to the sum of columns E, F, G, H, and M.

Yes

No

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

Yes

No

Late Exam Results. Last Year's Professional Exam

	Normal	Scoliosis	Kyphosis	Other	Observation	Bracing	Surgery	Other
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"/>

**Vision Screening Reporting Worksheet**

Grade	Students Unable To Be Screened Due To SB12 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 Auto Screening Device (C1)	Number Referred With Electronic Eye Chart (C2)	Total Number Transferred (D0)	Number Transferred With Auto Screening Device (D1)	Number Transferred With Electronic Eye Chart (D2)	Total Number Examined (E-F)	Total No Problem (E0)	No Problem With Auto Screening Device (E1)	No Problem With Electronic Eye Chart (E2)	Total Treatment (F0)	Treatment With Auto 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	16	2	0	0	14	2	0	0	2	0	0	1	0	0	1	0	0	0	1	0	0	0	0	0
K	0	47	3	0	0	43	4	0	0	4	0	0	0	0	0	1	0	0	0	1	0	0	3	0	0
1	0	51	8	0	0	40	11	0	0	11	0	0	2	0	0	5	0	0	0	5	0	0	4	0	0
2	0	8	1	0	0	6	2	0	0	2	0	0	0	0	0	1	0	0	0	1	0	0	1	0	0
3	0	48	8	0	0	42	6	0	0	6	0	0	0	0	0	3	0	0	0	3	0	0	3	0	0
4	0	2	1	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	0	54	13	0	0	51	3	0	0	3	0	0	0	0	0	3	1	0	0	2	0	0	0	0	0
6	0	4	2	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	0	40	10	0	0	38	2	0	0	2	0	0	0	0	0	1	0	0	0	1	0	0	1	0	0
8	0	5	3	0	0	4	1	0	0	1	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0
9	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	0	2	1	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	0	5	3	0	0	4	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	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	283	55	0	0	251	32	0	0	32	0	0	3	0	0	16	1	0	0	15	0	0	13	0	0

### Hearing Screening Reporting Worksheet

Grade	Students Unable To Be Screened Due To SB12 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 Treatment (F0)	Total Referred Not Examined (G0)
PK	0	16	16	0	0	0	0	0	0	0
K	0	49	49	0	0	0	0	0	0	0
1	0	55	55	0	0	0	0	0	0	0
2	0	7	7	0	0	0	0	0	0	0
3	0	51	51	0	0	0	0	0	0	0
4	0	2	2	0	0	0	0	0	0	0
5	0	58	58	0	0	0	0	0	0	0
6	0	4	4	0	0	0	0	0	0	0
7	0	45	45	0	0	0	0	0	0	0
8	0	6	6	0	0	0	0	0	0	0
9	0	1	1	0	0	0	0	0	0	0
10	0	2	2	0	0	0	0	0	0	0
11	0	5	5	0	0	0	0	0	0	0
12	0	1	1	0	0	0	0	0	0	0
Total	0	302	302	0	0	0	0	0	0	0

