



Quickly run state report totals for hearing, vision, spinal and TRAT2DC screening. **Administrative Access/Health/Features**

All totals have hyperlinked numbers where screenings or critical state reporting data occurs. These can be clicked on to review the students in the list and their screening entries.

**Student Profile**

Student Profile > Hearing Screening Details


 Full Name: **Adams, Pauline Helen**
 Indicators: 
 Gender: **F - Female**
 Birth Date: **05/02/2011**
 Age: **8**

General

Referrals

**HEARING SCREENING DETAILS**

\*School Year: 2019-2020

\*Screening Date: 09/26/2019 Thursday

Re-Screen:

Combined Result:  Pass  
 Fail  
 N/A

**Key data entry areas for Hearing State Report**



**General tab:**

- School Year
- Screening Date
- Rescreen (check if done)
- Combined Result (Pass or Fail)

**Referral tab:**

- Referral Date
- Referral Completed check box
- Completion Date
- Category Code for TX State Reporting (can default these to Referred Not Examined until you receive referral results (Do not check the Referral Completed box

**Add Hearing Screening Referral**  
Enter Hearing Referral Details


 Full Name: **Adams, Pauline Helen**
 Indicators: 
 Gender: **F - Female**
 Birth Date: **05/02/2011**
 Age: **8**

**HEARING REFERRAL DETAILS**

\*Referral Date: 09/26/2019 Thursday

Health Professional Referred To:

Health Professional Referred By: Smithers, Nichol, RN

Referral Reason:

Guardian Notification:

Guardian Response:

Referral Completed:

\*Completion Date: 09/26/2019 Thursday

\*Referral Result: H-AID Hearing Aid

**TX STATE REPORTING**

Category Code:

- No Problem Specialist Exam
- Referred Not Examined
- Treatment Specialist Exam
- Transferred

Cutoff Date for Previous Year Late Exam

06/03/2019 Monday


31

Show Totals

Printer Friendly Version

GRADES	LATE EXAM RESULTS FROM LAST YEAR		GRADES	A TOTAL NUMBER SCREENED	B NUMBER FAILED	C NUMBER REFERRED	D NUMBER TRANSFERRED	SPECIALIST EXAM		G REFERRED NOT EXAMINED
	SPECIALIST EXAM							E NO PROBLEM	F TREATMENT	
	E	F								
	NO PROBLEM	TREATMENT								
PK	0	0	PK	2	0	0	0	0	0	0
KG	0	0	KG	2	0	0	0	0	0	0
01	0	0	01	0	0	0	0	0	0	0
02	0	0	02	0	0	0	0	0	0	0
03	0	0	03	51	1	1	0	0	1	0
04	0	0	04	0	0	0	0	0	0	0
05	0	0	05	0	0	0	0	0	0	0
06	0	0	06	0	0	0	0	0	0	0
07	0	0								
08	0	0								
09	0	0								
10	0	0								
11	0	0								
12	0	0	12	0	0	0	0	0	0	0

Hearing State Totals  
 Select your cutoff date for late exam results; Show totals  
**Warnings:** check any records that may have incorrect information or incomplete referral entries

<b>SCREENINGS THAT MAY REQUIRE FURTHER ATTENTION</b>	
 Failed Screenings with no Referrals	2

GRADES	LATE EXAM RESULTS FROM LAST YEAR		GRADES	A TOTAL NUMBER SCREENED	B NUMBER FAILED	C NUMBER REFERRED
	SPECIALIST EXAM					
	E	F				
	NO PROBLEM	TREATMENT				

General

Referrals

**HEARING SCREENING DETAILS**

\*School Year 2018-2019

\*Screening Date 09/10/2018 Monday

Re-Screen

Combined Result  Pass  Fail  N/A

Late Exam Results are driven by entering a Completion Date that is in the next school year for a screening completed the previous school year.

*This applies to vision, hearing and spinal screening.*

The Late Exam total will populate in the grade the student was in their screening year.

**HEARING REFERRAL DETAILS**

\*Referral Date 09/10/2018 Monday

Referred To

Referred By

Referral Reason

Guardian Notification

Guardian Response

Referral Completed

\*Completion Date 09/05/2019 Thursday

\*Referral Result NP No Problem found by Specialist

**TX STATE REPORTING**

Category Code No Problem Specialist Exam

STATE HEARING SCREENING TOTALS

Student Profile Health : Hearing Screening State Hearing Screening Totals

State Hearing Screening Student Details > Student Profile > State Hearing Screening Totals

Cutoff Date for Previous Year Late Exam 06/03/2019 Monday Show Totals Printer Friendly Version

**SCREENINGS THAT MAY REQUIRE FURTHER ATTENTION**

Failed Screenings with no Referrals 2

GRADES	LATE EXAM RESULTS FROM LAST YEAR		GRADES	A	B	C	D	SPECIALIST EXAM		REFERRED NOT EXAMINED
	SPECIALIST EXAM			TOTAL NUMBER SCREENED	NUMBER FAILED	NUMBER REFERRED	NUMBER TRANSFERRED	E	F	
	NO PROBLEM	TREATMENT						NO PROBLEM	TREATMENT	
PK	0	0	PK	2	0	0	0	0	0	0
KG	0	0	KG	2	0	0	0	0	0	0
01	1	0	01	0	0	0	0	0	0	0
02	0	0	02	0	0	0	0	0	0	0

HEALTH : VISION SCREENING DETAILS



Full Name  
Allen, William Robert

Indicators  
🌐

Gender  
M - Male

Birth Date  
02/14/2011

Age  
8

General

Referrals

VISION SCREENING DETAILS

\*School Year 2019-2020

\*Screening Date 09/03/2019 Tuesday

Re-Screen

Vision Corrected Prior to Exam

Used Automated Screening Device

Vision Corrective Lens

Fitting Date MM/DD/YYYY

Overall Screening Result  
 Pass  
 Fail  
 N/A  
 Borderline

examined by SMITHERS, NICHOI, KIN

Comment

TX STATE REPORTING

Screened with Correction

Screening Chart Sloan Letter

Hirschberg Corneal Light Reflex Test Test Not Taken

Cover and Uncover Test Not Taken

NOTES

Note

Change Lc

also screened with Spot photoscreener results showing hyperopia both eyes, astigmatism left eye

Key data entry areas for Vision State Report

General tab:

- School Year
- Screening Date
- Rescreen (check if done)
- Used Automated Screening Device (check only if used and approved by DSHS rules for ages 5/under, and any age student with disability who cannot chart screen)
- Overall Screening Result (Pass or Fail)
- Screened with Correction checkbox under TX State Reporting

General

Referrals

Dak Prescott Elementary - 101

HEALTH : VISION SCREENING REFERRAL DETAILS

Student Profile Health : Hearing Screening State Hearing Screening Totals

State Hearing Screening Student Details > Student Profile > State Hearing Screening Totals > State Vision Screening Student Details

Full Name: Allen, William Robert | Indicators: [ ] | Gender: M - Male | Birth Date: 02/14/2011 | Age: 8 | Screening Date: 09/03/2019

Save & Back | Save Changes | Cancel

**VISION REFERRAL DETAILS**

\*Referral Date: 09/11/2019 Wednesday

Health Professional Referred To: [ ]

Health Professional Referred By: [ ]

Referral Reason: [ ]

Guardian Notification: [ ]

Guardian Response: [ ]

Referral Completed:

\*Completion Date: MM/DD/YYYY

\*Referral Result: [ ]

**TX STATE REPORTING**

Category Code: [ ]

- No Problem Specialist Exam
- Referred Not Examined
- Treatment Specialist Exam
- Transferred

**Vision Referral tab:**

- Referral Date
- Referral Completed check box
- Completion Date
- Category Code for TX State Reporting (can default these to Referred Not Examined until you receive referral results (Do not check the Referral Completed box

STATE VISION SCREENING TOTALS

STATE VISION SCREENING TOTALS

STATE VISION SCREENING TOTALS

STATE VISION SCREENING TOTALS

Cutoff Date for Previous Year Late Exam: 06/03/2019 Monday

Show Totals | Printer Friendly Version

SCREENINGS THAT MAY REQUIRE FURTHER ATTENTION

Screening Referrals with a blank Category Code: 1

Grade	Late Exam Results From Last Years Professional Exam		Professional Exam									Professional Exam					
	No Problem	Treatment	Total Number Screened (A0)	Screened with Correction (A1)	Screen with Auto Screening Device (A2)	Number Failed (B0)	Number Failed with Auto Screening Device (B1)	Number Referred (C0)	Number Referred with Auto Screening Device (C1)	Number Transferred (D0)	Number Transferred with Auto Screening Device (D1)	No Problem (E0)	No Problem with Auto Screening Device (E1)	Treatment (F0)	Treatment with Auto Screening Device (F1)	Referred Not Examined (G0)	Referred Not Examined with Auto Screening Device (G1)
PK	0	0	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0
KG	0	0	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0
01	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
02	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
03	0	0	51	0	0	1	0	1	0	0	0	0	0	0	0	1	0
04	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
05	0	0	51	2	0	1	0	1	0	0	0	0	0	1	0	0	0
06	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Total Number Screened (A0)
0
0
0
0
0
0
0
12
46
21

Click on any hyperlinked numbers to check lists and audit totals for accuracy. Total Screened—check for errors in Overall Screening Results, screened with correction, use of automated screening device, etc.

Use split screen to display entry to right OR click on forward arrow to go to that student’s screening entry

SKYWARD 2019-2020 (Current) ▾

STATE VISION SCREENING STU

Add to Dock Student Profile Health : Hearing

State Vision Screening Student Details

STATE VISION SCREENING - GRADE 7 TOTAL NUMBER SCREE

Search Full Name  View: Skyward Default Filter: Skyward Default Quick Filter More ▾

Full Name	School Year	Screening Date	Re-Screen	Vision Corrected Prior to Exam	Fitting Date	Vision Corrective Lens Code	Overall Screening Result
Arnold, Elsa Mildred	2019-2020	09/10/2019	<input type="checkbox"/>	<input type="checkbox"/>			N/A
Berry, Mildred Debra	2019-2020	09/10/2019	<input type="checkbox"/>	<input type="checkbox"/>			Pass
Campbell, Betty Sylvia	2019-2020	09/10/2019	<input type="checkbox"/>	<input type="checkbox"/>			Pass
Carroll, Melissa Angela	2019-2020	09/10/2019	<input type="checkbox"/>	<input type="checkbox"/>			Pass
Cisneros, Oliver Jamel	2019-2020	09/10/2019	<input type="checkbox"/>	<input type="checkbox"/>			Pass
Conway, Susan Tiffany	2019-2020	09/28/2019	<input type="checkbox"/>	<input type="checkbox"/>			N/A
Crawford, William Charles	2019-2020	09/10/2019	<input type="checkbox"/>	<input type="checkbox"/>			Pass

Overall Screening Result	Color Blindness Test Result	Muscle Balance Test Result	Screened with Correction	Used Automated Screening Device
N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Pass	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Pass	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Pass	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Pass	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Pass	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Pass	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Pass	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>

## Add Health Condition

Enter Health Condition Details

 Save & Add Another  Save  Cancel

District  
201952 - Texas School District

### HEALTH CONDITION DETAILS

**\*Health Condition Code** Scoliosis

**\*Health Condition Description** Scoliosis

Indicator is Secured

Vaccination Group Contraindication Code

### TX STATE REPORTING

**Under Prior Spinal Treatment**

## Key data entry areas for Spinal State Report



### Health Condition

-Add Health Condition Codes and check Under Prior Spinal Treatment (one code for Abnormal Spine Curvature, or multiple codes for Scoliosis, Kyphosis, etc.)

**This pulls students into the Under**



**HEALTH : SCOLIOSIS SCREENING DETAILS**

	Full Name <b>Solomon, Jerry Gary</b>	Indicators 	Gender <b>M - Male</b>	Birth Date <b>01/22/2006</b>	Age <b>13</b>
---	---	---	---------------------------	---------------------------------	------------------

General

Referrals

**SCOLIOSIS SCREENING DETAILS**

**\*School Year** 2019-2020

**\*Screening Date** 09/09/2019 Monday

**Re-Screen**

**\*Scoliosis Result** PAS

Scoliosis Treatment

**ADDITIONAL INFORMATION**

Observation

Examined By Smithers, Nichol, RN

Comment

**Key data entry areas for Spinal State Report**

**General tab:**

- School Year
- Screening Date
- Rescreen (check if done)
- Scoliosis Result (for passing, curvature, etc.)



**Referral tab:**

- Referral Date
- Referral Completed check box
- Completion Date
- Physician Diagnosis and Treatment Plan for TX State Reporting

Students who do not have the Referral Completed box check will populate in the Results Unavailable column

**Add Scoliosis Screening Referral**  
Enter Scoliosis Referral Details

Save & Add Another Save Cancel

	Full Name <b>Barrera, Elvira Susan</b>	Indicators 	Gender <b>F - Female</b>	Birth Date <b>07/05/2009</b>	Age <b>10</b>	Screening D <b>09/16/2019</b>
---	---	---	-----------------------------	---------------------------------	------------------	----------------------------------

**SCOLIOSIS REFERRAL DETAILS**

**\*Referral Date** 09/25/2019 Wednesday

Health Professional Referred To

Health Professional Referred By

Referral Reason

Guardian Notification

Guardian Response

**Referral Completed**

**\*Completion Date** 09/27/2019 Friday

Referral Result

**TX STATE REPORTING**

**Physician Diagnosis** Scoliosis

**Treatment Plan** Observation Only

STATE SPINAL SCREENING TOTALS ☆

[Add to Dock](#)
[Student Profile](#)
[Health : Hearing Screening State Hearing Screening Totals](#)

Scoliosis Comment List > Scoliosis Result List > Student Profile > State Spinal Screening Totals

Cutoff Date for Previous Year Late Exam   Grade or Age

STUDENT SPINAL SCREENING				
Grade	Under Prior Treatment (Do not screen)	Screened	Rescreened	Referred
G05F	0	<u>32</u>	<u>2</u>	<u>1</u>
G07F	0	0	0	0
G08M	0	<u>45</u>	<u>1</u>	<u>1</u>
Totals	0	<u>77</u>	<u>3</u>	<u>2</u>
	A	B	C	D

PHYSICIAN DIAGNOSIS			
Normal	Scoliosis	Kyphosis	Other
0	<u>1</u>	0	0
0	0	0	0
0	0	0	0
0	<u>1</u>	0	0
E	F	G	H

TREATMENT PLAN				Results Unavailable
Observation Only	Orthosis Bracing	Operation Surgery	Other	
<u>1</u>	0	0	0	0
0	0	0	0	0
0	0	0	0	<u>1</u>
<u>1</u>	0	0	0	<u>1</u>
I	J	K	L	M

**LATE EXAM RESULTS**

Grade	DIAGNOSIS			
	Normal	Scoliosis	Kyphosis	Other
G05F	0	<u>1</u>	0	0
G07F	0	0	0	0
G08M	0	0	0	0
Totals	0	<u>1</u>	0	0
	E	F	G	H

TREATMENT			
Observation Only	Orthosis Bracing	Operation Surgery	Other
0	<u>1</u>	0	0
0	0	0	0
0	0	0	0
0	<u>1</u>	0	0
I	J	K	L

HEALTH : PHYSICAL SCREENING DETAILS

	Full Name <b>Adams, Pauline Helen</b>	Indicators  	Gender <b>F - Female</b>	Birth Date <b>05/02/2011</b>	Age <b>8</b>
--	--	---	-----------------------------	---------------------------------	-----------------

- General
- Referrals

PHYSICAL SCREENING DETAILS

**\*School Year** 2019-2020

**\*Screening Date** 09/05/2019 Thursday

Height 0 Feet 0.00 Inches

Weight

BMI 0.0

BMI Percentile 0.00


Sports Physical

VITAL SIGNS

Time Taken

Temperature

<input type="text"/>		<input type="text"/>
----------------------	---	----------------------

 Add Vital Signs

DIABETES INFORMATION

Diabetes Screened

At Risk for Diabetes

ACANTHOSIS NIGRICANS INFORMATION

**AN Screened**

AN Is Present

Degree AN

**Key data entry areas for AN Report (Physical Entries)**

**General tab:**

- School Year
- Screening Date
- Check AN Screened—populates in total screened column on report

**Positive for AN**

- Check AN Present
- Add weight, height and BPs
- Referral Completed check box go back into entry and check if treated or seen by physician

DIABETES INFORMATION

Diabetes Screened

At Risk for Diabetes

ACANTHOSIS NIGRICANS INFORMATION

AN Screened

**AN Is Present**

Degree AN

### Add Physical Screening Referral

Enter Physical Screening Referral Details

Save & Add Another Save Cancel



Full Name  
Chen, Patricia Christine

Indicators

Gender  
F - Female

Birth Date  
01/27/2011

Age  
8

Screening Date  
09/05/2019

#### PHYSICAL REFERRAL DETAILS

\*Referral Date 09/20/2019 Friday

Health Professional Referred To

Health Professional Referred By

Referral Reason



Guardian Notification

Guardian Response



Referral Completed

\*Completion Date 09/27/2019 Friday

\*Referral Result TREAT Treatment Plan by Provider

**STATE ACANTHOSIS NIGRICANS TOTALS** 

 Add to Dock
  Student Profile
  Health : Hearing Screening State Hearing Screening Totals

Student Profile > State Acanthosis Nigricans Totals

As Of Date for Physical Screenings 

 Show Totals
  Printer Friendly Version

Grade	Total Number Screened	Total Number with AN
PK	0	0
KG	0	0
01	0	0
02	0	0
03	<u>51</u>	<u>1</u>
04	0	0
05	<u>51</u>	<u>2</u>
06	0	0
07	0	0
08	0	0
09	0	0
10	0	0
11	0	0
12	0	0
Totals	<u>102</u>	<u>3</u>

STATE ACANTHOSIS NIGRICANS TOTALS

Activity Access | Administrative Access | Data Migration Manager | Em...

Guidance | **Health** | Message Center | MTSS | Online Form | Payroll | Position | Purchasing

**FEATURES**

- Annual Immunization Status
- Health Professionals
- Office Visit Queue
- Scheduled Medication Quick Entry
- Scheduled Procedure Quick Entry
- State Acanthosis Nigricans Totals
- State Hearing Screening Totals
- State Spinal Screening Totals
- State Vision Screening Totals

ANNUAL IMMUNIZATION STATUS

Student Profile | Health : Hearing Screening State Hearing Screening Totals | Health : Student Vaccination Year Annual Immunization Status

Annual Immunization Status > Student Profile > Annual Immunization Status

Calculation Date: 09/13/2019 Friday

SECTION 1: DISTRICT/NON-PUBLIC SCHOOL INFORMATION (ALL SCHOOLS must complete Section 1.)

(A) Name of School District or Non-public School	(B) Facility ID Number	(C) FIN	(D) Mailing Address	(E) Name & Title of Person Completing Form	(F) Email and Phone Number
Texas School District					

Please complete items (G) and (H) for your district/non-public school. **K-12 Only**

(G) What is the total number of students K-12 in your district/non-public school with at least one conscientious exemption? 0

(H) What is your total district/non-public school enrollment for K-12? 929

Table 2: KINDERGARTEN

- (A) Total # of schools in your district with grade K 1
- (B) Total enrollment for grade K 2
- (C) Total # of K students with a conscientious exemption for at least one vaccine (must be equal to or less than Column 3) 0
- (D) Total # of K students with a conscientious exemption for all vaccines listed below 0
- (E) Total # of K students with a medical exemption for at least one vaccine 0
- (F) Of the students in E, how many students have a medical exemption for all required vaccines? 0
- (G) Total # K students without an immunization record 0
- (H) Total # of students who are provisionally enrolled for at least one vaccine. 2

Columns 1, 2, 3, 4, 5, and 6 Must total Column 7

Vaccine	# Students Current		# Students Exempt Official State of Texas Form	# Students Exempt Statement From Health Care Provider	# Students Not In Compliance	# Students with History of Illness	(7) Total from Columns 1-6
	(1) Up-to-Date	(2) Provisional	(3) Conscientious	(4) Medical	(5) Delinquent	(6) History	
DTaP	2	0	0	0	0	0	2
Hepatitis A	1	1	0	0	0	0	2
Hepatitis B	2	0	0	0	0	0	2
MMR (2 doses)	2	0	0	0	0	0	2
Polio	2	0	0	0	0	0	2
Varicella (2 doses)	1	1	0	0	0	0	2