

CHAPTER THREE – SCREENING ASSESSMENT AND SPECIAL EDUCATION

Introduction

One of the important functions of a school health program is to promote student health through early identification and detection of health problems that may result in disability and/or interfere with learning. When performed in a context of individual health assessments and continuing care, carefully planned and implemented screening programs are appropriate components of the school health program. Screening results help complete the total health assessment of the individual student. When developing and implementing screening programs refer to the below recommendations:

- Determine cost to benefit ratio by determining if the disease/condition is significant enough to justify the cost and or the time spent in the mass screening effort.
- Evaluate whether the disease/condition has a significant effect of the quality of life and or learning process.
- Develop systems for the early identification and intervention prior to the onset of symptoms to promote beneficial outcomes for the student population.
- All methods of treatment to be used are to be assessable and available.

Teacher Observation -Component of Screening and Assessment

Teachers play an important role in noticing changes in appearance and behavior that may be related to a student's health status. Their day-to-day contact with their students gives them an opportunity to detect differences in the health of individual students which might go unnoticed by others, even the student's family members. As a guide to the teacher and other school personnel, the following conditions may indicate a need for referral to the school nurse:

- Frequent absences
- Persistent fatigue
- Attention deficits observed in the classroom
- Fidgeting (noted as new behavior)
- Skin eruptions or rash
- Frequent nosebleeds
- Deficiency in motor skills
- Emotional disturbances
- Obvious abnormal weight or height changes
- Shortness of breath

Standards for Vision Screening in New Mexico Schools

NM School Vision Screening Program

Legislation was passed in New Mexico in 2007 requiring all public schools to have a vision screening program and created the Save Our Children's Sight Fund to help with students that

meet program criteria and do not have insurance to obtain comprehensive eye examinations, lenses and frames for eye glasses. The Save Our Children Sight Fund contributions are furnished by New Mexico automobile owners who have the option to donate either \$1.00 or \$5.00 to the Save Our Children's Sight Fund at the time of vehicle registration. This fund is managed by the NM DOH Office of School and Adolescent Health (NM DOH OSAH) and the current contractor of this fund is New Mexico Lions Operation KidSight, Inc., NM Lions Club (NMLOK NM)

The target population for mass vision screening is defined in Section 22-13-30 NMSA and NMAC 7.30.11 [Vision Screening Test Standards for Students](#) requires public district and public charter schools to conduct vision screening for the following:

- Pre-Kindergarten students
- Kindergarten students
- First grade students
- Third grade students
- Transfer student in the above grades without a current school year vision screening

Parents may decline any visual screening; therefore, public schools are to provide advance notification of mass vision screening. The declaration of a mass vision screening program has been included in the NM [Emergency Health Authorization Form](#) in which all public NM schools are encouraged to use the current year's form.

Acceptable vision screeners for a mass vision screening program are school nurses or the school nurse's designee, a primary care health provider or a lay eye screener per NMAC 7.30.11 [Vision Screening Test Standards for Students](#).

Standards for Vision Screening at School

The Standards for Vision Screening in New Mexico School were developed to standardize and provide direction for vision screening in NM public schools. New Mexico Vision Advisory Committee appointed by the New Mexico Secretary of Health wrote an advisory document for schools. The [School Vision Screening Advisory Report](#) addresses target population for mass vision screening, parental notification, vision screeners. The NM standards for vision screening allow three vision screening methods to be used by New Mexico public schools. These three screening methods are:

- Traditional screening which is for most school students with the eye chart method
- Photoscreening using a machine with an automated technique that uses red reflex of the eye to screen for eye problems. Photoscreening is for students in pre-kindergarten, kindergarten, and first grade.
- Alternative screening used for students who cannot adhere to instructions for traditional or photoscreening methods.

The NMDOH Office of School and Adolescent Health recommends a school nurse oversee the general vision program to ensure appropriate training of all vision screeners,

assessment of needs, referral, and follow up and to follow the following best practice recommendations below:

- School nurse to oversee general vision program to include all vision screeners are appropriately trained and for the school to supervise all vision screeners
- All non-school nurse vision screeners to conduct only the first screening and all re-screening performed be conducted by the school nurse
- For schools without a school nurse the vision screener is to provide one vision screening and for any failed vision screening to document and notify the student's parent/guardian of the failed vision screening.
- For schools with a school nurse, the school nurse to provide assessment and re-screen student within 2 weeks from the first vision screening date before parent notification is made, if appropriate. This is to reduce the incidence of unnecessary referral to eye providers that saves family time and money.
- School nurse to make referral to appropriate eye care provider for a comprehensive eye examination.
- School nurse to provide appropriate follow up and case management for students referred for eye examinations.

General Vision Screening Program

A general vision screening program is a process that allows the vision screener to screen large numbers of students in a short period of time using a traditional vision screening method. The general vision screening program is to be defined in school policy and procedure which is to address which staff member oversees the school general vision program, designated vision screeners, vision screening training, and vision screening process which meet minimum standards defined in NMAC 7.30.11 [Vision Screening Test Standards for Students](#).

All students are to undergo a prescreening observation before undergoing vision screening and use the following referral criteria for the clinical observation. All educational staff are to be trained to be familiar with these pre-screening guidelines and the schools process for vision screening request:

Pre-Screening Observation All grades	
Clinical Observation	Referral Criteria
Eye Appearance	Refer for any of the following: <ul style="list-style-type: none"> • Cloudy or milky appearance • Keyhole pupil • Sustained eye turn inward or outward • Droopy eyelids • Absence of eyes moving together • Abnormal pupil constriction or dilation • Difference in size, shape, etc. of eyes

	<ul style="list-style-type: none"> • Excessive tearing • Jerky eye movements (nystagmus)
Visual Behaviors	<p>Refer for any of the following:</p> <ul style="list-style-type: none"> • Inconsistent visual behavior • Visually inattentive or uninterested • Difficulty sustaining eye contact • Holds objects close to face • Bending close to view objects • Tilts head • Stares at lights and ceiling fans • High sensitivity to room light or sunlight • Appears to look beside, under or above an object • Bumping into things • Tripping over objects

Traditional Vision Screening

Traditional vision screening is one of three screening methods (see charts below) considered appropriate for vision screening in New Mexico schools.

Traditional Vision Screening Method Ages 3 years and older		
Required Test	Results/Referral Criteria	Suggested Testing Tools
Distance Visual Acuity	<p>3 through 5 years of age:</p> <ul style="list-style-type: none"> • Passing test line is 20/40. • Refer if either eye tests 20/50 or above. • Refer if more than 1 test line difference between the eyes. 	<p>Snellen Letter Charts</p> <p>HOTV- linear or Crowding bar</p>
	<p>6 years and older:</p> <ul style="list-style-type: none"> • Passing test line is 20/30. • Refer if either eye tests 20/40 or above. 	<p>Lea Symbol Chart linear or crowding bar</p>

	<ul style="list-style-type: none"> Refer if more than 1 test line difference between the eyes. 	
<p>Ocular Alignment</p> <p>These tests required only once in any of the target population grades.</p>	<p>Passing is identification of test object</p> <p>Refer for failure to identify test object</p>	<p>Random Dot E (preferred)</p> <p>Stereo Fly or Butterfly</p> <p>Randot Preschool Stereoacuity</p>
<p>Color Vision</p> <p>These tests required only once in any of the target population grades.</p>	<p>Notify parent/guardian with failure to pass any standard color vision test. Consider referral to eye care provider for anticipatory guidance.</p>	<p>Standard Color Vision Chart</p>

Photoscreening Vision Screening

Vision screening using the Photoscreening method is endorsed by the NM DOH. The screening is done using a machine with an automated technique that uses red reflex of the eye to screen for eye problems

Photoscreening Method		
Pre-kindergarten, Kindergarten, First Grade		
Required Test	Results/Referral Criteria	Currently Approved Photoscreeners
Photoscreen	For passing criteria refer to recommendations of the American Association for vision screen committee Pediatric Ophthalmology and Strabismus (AAPOS)	<p>Welch Allyn Suresight</p> <p>iScreen</p> <p>PlusOptix</p> <p>The Photoscreener</p>

	Alternatively, may refer to the manufacturer's manual for the specific photoscreener used.	
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Alternative Vision Screening Method

An alternative vision screening method is a process whereby specific student are referred by teachers, Student Assistance Teams, Special Education staff, Child Find specialist, parents or others for screening as part of an extended evaluation. These may be symptomatic students or students who are being evaluated for Special Education in which a vision screening to include a near vision acuity evaluation is required for any student who is referred for special education services.

Alternative Vision Screening Method† Ages 3 years and older		
Required Test	Results/Referral Criteria	Suggested Testing Tools
Visual Acuity	For passing/referral criteria refer to the manufacturer's criteria for the testing tool.	Bailey Hall Cereal Test Colenbrander Lea Symbols Low Vision Chart Teller Acuity Cards McDowell Kit
Ocular Alignment This method of testing to be performed by school nurses, teachers of visually impaired or other professionals with training in alternative vision screening. This test required only once in any of the target population grades.	Passing is equal corneal light reflex in each eye.	Hirschberg Test

Vision Screening Procedures for Distance Visual Acuity

- Screen in a quiet, well-lighted area free of glare and distractions.

- Distance visual acuity wall charts to be measured 10 or 20 feet as specified by chart instruction from the student
- The wall chart is to be at eye level of the student being screened and on a wall free of other visual stimuli.
- Identify students to be screened and provide any classroom pre-screening education that is needed.
- Students who wear glasses should wear glasses for general screening.
- Students being tested in individual screening should be tested with and without glasses.
- Instruct student to place heels marker or be seated with the back of the chair directly over the marker.
- Instruct student to keep both eyes open when being tested.
- Instruct student to cover left eye with occluder first to help screener remember sequence.
- Begin with the line which is normal vision for the student being screened.
- Point to symbol and ask student to identify symbol indicated.
- Move up or down on chart as necessary until student can identify majority (one more than half) of symbols on any horizontal line
- Repeat Steps 5-7 with right eye occluded.
- Record findings in student medical record

Results/Referral Criteria

Students with results of more than one-line difference between eyes should be referred to an eye care specialist. Those with normal acuity in one eye and abnormal vision in the other eye are to be referred. Follow-up on referrals is the responsibility of the school nurse

Recording Results

Visual acuity is usually expressed in terms of a 20-foot testing distance. Charts or cards that are designed for use at 10 feet or other testing distance have been adapted to be equivalent to the 20-foot testing distance. Visual acuity is recorded as a fraction (20/20). The top number (numerator) represents the 20-foot distance measured from the chart to the floor marker. The bottom number (denominator) represents the line on the chart the student can see. A result of 20/20 means that a student can see at 20 feet what should normally be seen at 20 feet. When visual acuity is abnormal, the bottom number will be higher, i.e. 20/50. Results are recorded for each eye separately. Always record data for right eye first. Record date of the screening test.

Process for Ocular Alignment Screening

This test is required only once in any of the target population grades to be determined by school and outlined in policy

- Identify a quiet, well-lighted area free of glare and distractions.
- Follow manufactures directions per ocular alignment screening tool being used

Results/Referral Criteria

Any student who fails to identify the test tool object should be referred for a comprehensive

eye examination.

Reporting Results

Results are recorded as pass or fail.

Color vision screening process:

This test is required only once in any of the target population grades to be determined by school and outlined in policy. Utilize the manufacturer's instructions for the selected testing tool for the correct use of the tool and screener procedures and to be screened with both eyes open

- Identify a quiet, well-lighted area free of glare and distractions
- Identify students to be screened and provide classroom pre-screening education as needed.

Results/Referral Criteria

Criteria for passing the screening will be dependent on the testing tool used. Parents should be notified if the student fails to pass color vision screening. In consultation with the parent, referral to an eye care provider might be considered for anticipatory guidance and development of coping strategies for this abnormality.

Reporting Results

Results are recorded as positive or negative for color vision.

Near Vision Acuity Screening Process

Near vision screening is only recommended for a Student Assessment Team (SAT) meeting or Special Education referral or re-evaluation.

- Identify a quiet, well-lighted area free of glare and distractions.
- Identify students to be screened and provide classroom pre-screening education as needed.
- Students who wear glasses to be screened with and without glasses.
- Display screening cards at 14 inches (or recommended distance indicated for testing cards) from student's eyes.
- Place card on table top or hold at test distance.
- Instruct student to identify symbol(s) to which the screener point and begin with symbol line which is normal acuity for age of student being screened.
- Screen with both eyes open.

Results/Referral Criteria

Refer to testing device criteria information. Near vision acuity testing is done with both eyes open. Students must identify 80% of letters/symbols on the critical line of 20/30.

Near vision tests are not completely accurate for use in testing children under age 10

because of the accommodative power of the eye in this age group. Near vision cards may identify students with astigmatism because symbols will be blurred.

Recording Results

Results for near vision are recorded as pass/fail in reading the critical line of 20/30 binocular visual acuity or written as 20/____.

Vision Related [Definitions](#)

O.D.

Right eye, oculus dexter

O.S.

Left eye, oculus sinister

O.U.

Each eye, oculus untrique or both eyes - oculi unitas

Blind

Unable to see; without useful sight.

Legally Blind

Usually acuity of 20/200 or worse with best possible correction. Federal guidelines indicating eligibility for services available for persons with severe, non-correctable vision defects and visual acuity.

Cortically Blind

In a Cortically blind neurologically-based vision defect the visual system is intact but the individual has sustained brain damage that prevents the brain from properly processing and interpreting the visual image and information taken in by the eye. The individual may have some useable or functional vision, including light perception and blink reflex.

Amblyopia or Lazy Eye Amblyopia

Stereopsis testing and distance vision tests identify amblyopia. It is a condition that if not discovered and treated before the age of six or seven usually leads to permanent reduction of vision in the affected eye. An eye with amblyopia has dimness of vision without any apparent disease of the eye. It is often caused when one eye turns in or out while the other sees straight (strabismus) so that a double image is sent to the brain. It may also be associated with a marked difference in the refractive error of each eye (anisometropia) resulting in two images. The brain solves this confusion by ignoring the message from one eye that gradually weakens through disuse. The usual treatment is patching the good eye in order to force the use of the weaker one. Sometimes this is combined with glasses, surgery (for strabismus), medication, or eye exercises.

Anisometropia

Unequal refraction of the two eyes. Anisometropia eyes may have myopia or hyperopia but of different degrees, or one may be myopic and the other hyperopic. Marked anisometropia is a common cause of amblyopia because the eye with the greater refractive error is ignored

Astigmatism

is an eye refractive error problem resulting in blurred vision because of the irregular or defective curvature of the cornea or the lens causing a distorted image because light rays cannot focus on a single point of the retina. If the astigmatic person looks at a figure consisting of straight lines radiating out from a center, the lines pointing in only one direction may be seen clearly while the lines radiating out in another direction are blurred. Astigmatism affects the vision at all distances. It may be associated with myopia or hyperopia. Most cases of astigmatism can be corrected with glasses or contact lenses.

Color Deficiency

Inherited vision defect. Color deficiency is not a disease; it is characterized by the inability to recognize certain colors—primarily red or green, but rarely blue or yellow. Deficiency in this visual function is not correctable. It is important for students, parents, and teachers to be aware of this condition to help the student develop appropriate coping mechanisms. An estimated 5% of the population has defective color vision; 8% males and 0.5% of the females.

Hyperopia

Farsightedness identified by near vision tests, hyperopia is a refractive error in which the light rays focus behind the retina, either because the eyeball is too short or the lens is too thin and flat and does not bend the light rays enough. The result is that students who are farsighted see better at a distance than close-up. This condition can be corrected with glasses or contact lenses.

Myopia

Nearsightedness Identified by distance vision tests, myopia is a refractive error in which the light rays are bent and focused in the front of the retina, either because the eyeball is too long or because the lens is too thick and curved so that it bends the rays too much. As a result, students who are nearsighted see better close-up than at distances. Myopia is usually first seen in children 6-8 years of age. It can be corrected with glasses or contact lenses.

Strabismus

Squinting Identified by ocular alignment and stereopsis testing, strabismus is the term used to describe eyes that are not straight or properly aligned due to a muscle imbalance. One eye, or sometimes both, may turn in or turn out. The various forms of strabismus are spoken of as tropias. Their direction is indicated by the appropriate prefix cyclotropia, desotropia, exotropia, hypertropia, hypotropia. Sometimes more than one of these conditions is present. The deviation may be constant or it may come and go. It may be present at birth or it may become apparent at a later age spontaneously. It might occur after an illness or accident. Strabismus may be due to birth injuries, heredity, faulty muscle attachments, excessive farsightedness, and illness with fever. It cannot be outgrown nor will it improve by itself. An eye deviation that persists without treatment may result in permanent visual impairment because the vision in one eye is suppressed causing amblyopia. Treatment directed toward straightening the eyes can involve glasses, patches, eye drops, surgery, eye exercise.

Hearing Screening

The purpose of a general hearing screening program is to identify students who have hearing impairments that interfere with or have the potential for interfering with communication and learning processes. Authorities generally agree that early detection of medically remediable hearing loss helps to prevent related problems in speech, social and educational development.

There are no mandatory hearing screening requirements under the NM Administrative Code like vision screening. It is recommended by the NM DOH OSAH that schools provide general and individual hearing screenings based upon the following:

- School to define hearing screening program in policy and procedure defining hearing program manager or coordinator, hearing screeners, hearing screeners' training.
- Utilize American Speech, Language and Hearing Association Guidelines for Manual Pure-Tone Threshold Audiometry and the National Association's recommendations and hearing screening standards.
- School nurse to provide oversight of hearing screening and follow-up in the schools
- The identification of hearing problems is accomplished by using individual pure-tone air conduction testing.
- Acoustic immittance screening might also be considered if trained staff are available.

A well-balanced program will include screening and rescreening threshold audiometry as well as referrals for audiological or medical evaluations. Students identified with hearing abnormalities should be followed on a regular basis to ensure that their communication, educational and medical needs are met. Education and habilitation planning and counseling for parents and teachers should be implemented. The target population for hearing screening is a recommendation and not a mandate. The following target population is recommended for pure tone hearing screening:

- Pre-school
- Kindergarten
- First
- Third
- Eighth
- High risk students
- New students with no documented evidence of prior hearing screening at the designated grade levels
- All students being referred for special education evaluation

Pure Tone Conduction

[A pure tone audiometer](#), calibrated to published audiometric standards is required for reliable pure tone conduction testing. Audiometers are delicate electronic devices and can easily be damaged. The audiometer needs routine maintenance and accuracy checks by qualified technicians. All audiometers should be electro acoustically checked and serviced (returned to the factory if necessary) at least once a year and more often if a malfunction is suspected. Pure tones are described in terms of pitch or frequency.

- Hertz (Hz) equals units that define frequency.
- Loudness is measured in decibels (db.).

Screening Method

The Sweep Test is the preferred pure tone conduction hearing screening. It is a screening measure whereby preselected frequencies are presented at predetermined levels, and the student is asked to give a response each time the tone is heard. The series of frequencies are presented first in the right ear and then in the left. Each student is tested individually. Time intervals between the presentation of each tone must vary for the screening results to be reliable.

The audiometric equipment should be checked before testing to verify that it is working properly. The test environment should be as quiet as possible.

The recommended frequencies for sweep testing include 1000, 2000 and 4000 Hz presented at 20 db., using the following steps as procedural guidelines.

- Set (intensity) hearing level dial at 20 db.
- Set audiometer on "reverse" or "tone off" so that the sound goes through the earphone only when the tester pushes the "tone switch"
- Student should be positioned so that the tester's hand and eye movements cannot be observed
- Instruct student to raise hand when tone is heard; lower hand when tone disappears.
- Keep instructions simple. The student unable to raise a hand can respond by dropping a small object, such as a block, into a container. An oral response, "yes", is also acceptable.
- Earphones should be placed on the student by the tester to assure proper fitting so that the earphone is centered over the ear canal. Care should be taken to prevent obstructing the ear canal or folding the ear.
- Provide a sample tone of loud intensity, such as 200 Hz at 40 db. **to ensure that student understands what is meant by the word "tone".**
- Provide student opportunity to ask questions.

The suggested order of presenting tones is: 1000, 2000 and 4000 Hz.

The student fails the sweep test if one of the tested frequencies cannot be heard in one ear at the recommended decibel level. At this point an otoscope exam should be performed. Signs of abnormalities, such as otitis media, tympanic perforation or cerumen impaction, warrant a medical referral. However, the student without any abnormalities on otoscope

exam should be scheduled for a repeat test at a later time; allow three weeks between screening tests. A second failure at pure tone conduction hearing screening warrants a medical referral.

Immittance Screening

[Impedance audiometry](#) (tympanometry and acoustic immittance) provides information about the middle ear. It is a valuable diagnostic tool but not usually included in hearing screening. This measure is optional in school screening programs, but should not be substituted for the pure tone audiometric testing. It may be used for the very young and difficult to screen students.

Rescreening and Referral Criteria

Audiometry screening results should be properly documented as pass/fail for each ear separately. Observational factors such as frequent earaches, draining ears, excessive cerumen, mouth breathing and decreased responsiveness in the classroom should all be considered when making a medical referral. The referral process should be initiated ideally by the school nurse and a referral form to be sent home to the parents. The referral form is to have any observations of school personnel in addition to screening results.

The form should be accompanied by at least one audiogram showing abnormality, along with observations, history and explanation for referral. Any referral should be accompanied with a request that the school nurse receive a follow-up report. The school nurse should plan anticipatory guidance efforts with parents and school staff that might be appropriate.

Audiological Assessment

The evaluation report on a student who has been referred by the school nurse and tested by the audiologist will contain valuable information about the individual's ability to hear speech. Under controlled conditions, the student is tested on the ability to hear spoken words that are repeated to the audiologist.

Signs and Symptoms of Hearing Problems

The classroom teacher plays an important role in recognizing and reporting students who show symptoms of possible hearing loss. The student who presents the following may have trouble in hearing and should be referred to the school nurse for further evaluation.

- Draining ears
- Ears filled dried wax or crust from draining ears
- Inflammation in or around the ear
- Mouth breathing
- Upper respiratory allergies
- Cleft palate
- Chronic colds
- Chronic ear infections
- Mastoiditis and meningitis
- Neonatal history (low birth weight, prematurity, perinatal infections)
- Pain in or around ear

- Ears “stopped up”
- Ringing or buzzing in ears
- Asks speaker to repeat
- Turns head to side when listening
- Leans forward when listening
- Stares intently at speaker
- Appears confused or bewildered when listening to speaker
- Hears better when directly in front of speaker
- Interrupts conversation (not aware that others are talking)
- Has trouble with oral directions
- Performs better on written work than oral work
- Has poor diction and/or articulation
- Withdraws from group activities when hearing is required
- Doesn't pay attention - Some students may develop a habit of inattention even when hearing is normal; however, presence of inattention should not be dismissed, and the student should be given a hearing test.

Classroom Considerations for the Hearing-Impaired Student

It is essential that the teacher understand a student's hearing problem and important to establish a feeling of acceptance for the hearing-impaired student. It is also important that the teacher be alert for signs of improvement or deterioration in hearing and be willing to discuss these observations with the school nurse and/or parents.

Significance of Hearing Loss

The degree of difficulty the student experiences will depend upon the amount and type of hearing loss. Students who have trouble hearing speech sounds may be unable to follow directions. It is likely that they will make mistakes in spelling and will have difficulty producing some of the speech sounds correctly. Students with severe hearing loss often have trouble listening. If the student has a hearing loss in only high tones, some of the sounds may be heard well and others poorly. Often high tone loss results in failure to hear the following speech sounds: Sh, Ch, Th, S, F, V and J.

Unilateral Hearing Loss

Hearing loss in one ear will create difficulty locating the direction from which the sound originated, particularly when there is loud background noise. Classroom noise may keep the student from hearing directions correctly. It is also important that the student with unilateral hearing loss be reminded to take care when walking or playing in traffic areas or on the playground.

Hearing Aid Users

Hearing aid wearers may be distracted by environmental noise creating difficulty in following conversations in a group. In a classroom with a student wearing a hearing aid the teacher should understand the mechanics of the hearing device to ensure it is being effectively utilized and assist in trouble shooting with any problems.

Seating Considerations

For bilateral hearing loss, seat the student directly in front of the teacher and for unilateral hearing loss, seat the student close to the instructor with the normal ear toward the source of instruction. Affected ear should be away from the instructor.

Speaker Awareness

It is important to patiently restate and rephrase when the student does not understand and do not stand in a glare, such as a window. Face the student when speaking and when using a writing board, face the class when providing explanations. Speak slowly and distinctly, speaking naturally and do not exaggerate lip movements. Speaking too loudly may be especially disturbing to the hearing aid wearer. Use FM voice projection equipment if available and lapel microphones as appropriate if available.

Tips on Giving Directions

Acquaint the student with any new vocabulary when a new topic is introduced and get the student's attention before giving directions. Ensure that the student understands the directions and encourage the student to request that directions be repeated if necessary. Provide opportunity for student to repeat directions. Use written directions if student has continued difficulty understanding.

Special Considerations

Fatigue may be a factor because hearing impairment requires extra concentration to receive information. Language development may be challenging because many words and ideas have no meaning if the student is unable to hear the words. Encouraging the hearing impaired to do extra reading, spelling, creative writing, etc. may help compensate, but it is not uncommon for these students to exhibit delays in language development.

Height/Weight/BMI Screening

The New Mexico Administrative Code does not require New Mexico schools to do weight/weight/BMI screening of students. The NM DOH Medical Oversight Committee [position statement](#) does not endorse school personnel to engage in mass screening of students for height/weight/BMI measurements. Screening requires medical follow-up and nutritional referrals.

The NM DOH conducts height/weight/BMI surveillance programming with schools under specialized programming to understand and develop interventions related to childhood obesity. These surveillance programs assess the weight status of a specific population (e.g., students in an individual school, school district,) to identify the percentage of students potentially at risk for weight-related health problems. Data collected from surveillance are typically anonymous and may be used to identify population trends as well as monitor outcomes of interventions to help them take appropriate action. School-based BMI screening programs, like height-weight screening programs, have not been proven to be effective nor have they been proven to be cost-effective.

Scoliosis Screening

Because of literature review on recommendations for scoliosis screening and assessing priorities for the evolving role of school nurses, the following recommendations were issued by memorandum by the DOH Chief Medical Officer in 1995 and is the current recommendation of the NM DOH. The recommendation is that mass scoliosis screening should not be done in schools and Scoliosis evaluation is best performed by a medical provider when examination for other reasons takes place. Schools who choose to conduct scoliosis screening based on special concerns of parents, school and community, are to be properly trained and establish a follow-up referral system for students with positive and/or suspicious findings.

School Blood Pressure Screening

The New Mexico Administrative Code does not require New Mexico schools to conduct mass blood pressure screenings for students and the NM DOH Office of School and Adolescent Health does not recommend mass screening of blood pressure. A blood pressure measurement is to be taken by a school nurse or delegated to a health assistant due to symptoms that could be associated with a blood pressure issue. The need for a blood pressure reading is to be based upon a nursing assessment and or medical orders that are student specific.

Current [Blood Pressure Percentiles](#) tables for systolic blood pressure and diastolic blood pressure according to height, sex, and age. The 50th percentile provides the BP level at the midpoint of the normal range. The 95th percentile provides a BP level that defines hypertension; any student who consistently has BP that falls in this range should be referred for medical evaluation.

General Guidelines for Blood Pressure Measurement

It is important for the healthcare provider to measure blood pressure accurately, using the correct equipment and technique.

- Have student sit in a quiet environment for a few before taking a blood pressure reading
- Student to be seated with back and feet in a supported position.
- It may be necessary to measure the BP a few times (several minutes apart) to get the most accurate reading
- Take BP reading only if the student is not upset and crying or unable to cooperate to avoid an inaccurate reading
- Use the appropriate size cuff
- Measure BP in the right arm unless contraindicated
- Stimulants such as cigarettes and caffeine are to be avoided for several hours before BP is measured

Defining Hypertension in Children and Adolescents

The proper management of childhood hypertension depends on prompt recognition and treatment. Inadequate awareness of pediatric blood pressure (BP) norms, poor technique resulting in inaccurate measurements, or failure to obtain blood pressure measurements can prevent or delay recognition of this clinical condition.

Special Health Related Assessments

Response to Intervention (RTI) Process

In New Mexico the RTI framework is set forth in state rule at [Subsection D of 6.29.1.9 NMAC](#) for all public district and charter schools, and is known as the three-tier model of student intervention in which the intensity of instruction and assessment increases as students are served in the next higher tier. Students who struggle academically may also exhibit behavior problems and vice versa. For that reason, both academic and behavioral systems are addressed in a concerted effort in all three tiers:

- Tier 1: Universal Screening, Appropriate Core Instruction with Universal Intervention – 80% of students needing assistance in general education and will need vision/hearing screening and general health screening or comprehensive health assessment by RN school nurse.
- Tier 2: Student Assistance Team (SAT) process which will be target individualized interventions determined by the SAT team for referred students that may need a 504-accommodation plan
- Tier 3: Special Education/Gifted Education targeted for few students requiring intensive and specially designed instruction and services for students who qualify for Special Educational Services under a Individualized Education Plan

Students referred to a SAT will need at a minimum a health screening to include a vision/hearing screening or health assessment before the SAT team convenes for the referred student to determine vision or other health related needs are not the reason for the student's inability to succeed in the classroom. Only a RN school nurse may conduct a comprehensive health assessment, however, health assistant or designated trained personnel may participate in a student's health by conducting the initial vision or hearing screening for students being evaluated or re-evaluated for Special Education. Develop a process for managing these referrals with Special Education.

Development of Comprehensive Health Assessment

The initial step in developing a comprehensive Health Assessment is to conduct a thorough health history by the school nurse. The student health history provided by the parent/guardian of each student should include the following information: Medical diagnosis and medications.

Initial Health History/Nurse Assessment guidelines

To obtain a complete medical history of the student, it is recommended that the Initial Student Health History Form be completed either by the parent/guardian or by the school nurse either by telephone or in-person interview. If this is not possible, the Initial Student

Health History form may be sent home with instructions to complete and return it so that screening may proceed.

- Document any unsuccessful attempts to obtain health history information in the student's medical record.
- Develop student specific Individualized Health Plans or Emergency Care Plans and forward confidentially to any designated Special Education staff with a need to know
- Do not delay the educational testing process to be impeded by the inability to obtain health assessment.
- All findings, recommendations and comments can be documented on the Nurse Screening
- Student Health Assessment forms and Initial Health History forms should always be a part of the student health file.

Nursing Assessment for Special Education Students

The NM DOH Office of School and Adolescent recommends only the NM PED licensed school nurse be responsible for health assessments and screenings for any students being evaluated or re-evaluated for Special Education. When nursing services are required for the student to benefit from special education services, nursing services are considered a related service like occupational therapy, speech therapy, or physical therapy.

Developing a district level or school process for the school nurse to be able to identify students referred for Special Education services that might have health related conditions or needs that may potentially influence special education is important staff to prevent missed opportunities to intervene and will allow the evaluation to flow in a timely fashion for all parties involved and for the process to begin at the beginning of each school year and occur at least 10 school days prior to diagnostic evaluation or re-evaluation for special education service. Using a tracking form will help keep the referral process organized and on time in addition to having teachers and diagnosticians log in requests and submit referral forms appropriately to prevent confusion.

The following general guidelines are intended to assist the school nurse in organizing her/his role in the process:

- school nurse to be notified in a timely fashion of students who are being referred to special education with potential health related needs for a comprehensive nursing assessment for any student being evaluated or reevaluation for Special Education services.
- The school nurse to obtain parental consent to perform screenings and complete a comprehensive nursing assessment and student health history interview for each referral.
- The school to complete a student health history and conduct a comprehensive student health assessment after parental/guardian consent which includes vision and hearing screening results and a general health assessment be completed within 10 school days after receiving the referral and parent/guardian consent.

- When completing the Student Health Assessment form, it is appropriate to utilize vision and hearing screening results that have been completed within the current school year rather than repeating. At the discretion of the school nurse and based on student complaints or symptoms, a physical assessment may be performed and/or referral made to a medical provider for the assessment. Any school nurse concerns should be shared with parent/guardian with a request for follow up with a medical provider if appropriate.

Health Assistants cannot be delegated to conduct a comprehensive health assessment since assessment and care plan development is an exclusive function of a RN under the NM Nurse Practice Act but may assist the school nurse in collection of information to complete portions of the assessments when appropriately trained and when requested to participate.

Individual Educational Plans (IEP) and Adding Services

An IEP meeting is always necessary to request an evaluation for related services (nursing services) for a student already in Special Education. If the student qualifies for related services and an IEP meeting is scheduled, and nursing services may be needed, the school nurse may need to attend if it is not an annual IEP. If the related services are not nursing services and an evaluation for Physical Therapy (PT), Occupational Therapy (OT), APE, Assistive Technology, or any related service other the nursing services or speech and language pathology (SLP), the school nurse need not be involved, and no additional assessments or health history is to be provided by the school nurse.

When a student is referred for an evaluation by SLP, the school nurse should review the student's health record and perform a hearing screening if one has not been done within the current school year. Failure to pass the hearing screening should result in a referral for Audiology evaluation with results being documented in the student health record and shared with the school speech and language pathologist.

To change or delete health services on an IEP an addendum may be added to the existing IEP and does not require a full formal IEP meeting with all staff. It is acceptable for the school nurse, Special Education representative and the parent to meet, discuss and make changes to the IEP regarding school health services.

Recommended School Nurse SAT or Special Education Screening Checklist

For an Initial Evaluation Referral

- Student Health Assessment Form
- Initial Student Health History Form
- Special Education Nurse Screening Assessment Summary Form

3-year Special Education Student Re-evaluation

- Student Health Assessment Form
- Initial Student Health History Form
- Special Education Nurse Screening Assessment Summary Form

Gifted Re-evaluation Referral

- **Student Health Assessment Form, if warranted**
- **Conduct a health history review**
- **Special Education Nurse Screening Assessment Summary Form**

Speech & Language Referral

- **Related Student Health History**
- **Hearing Screening Results for Current School Year**
- **Audiology Report (if applicable)**

Health Record

The school health record is to contain the health history and any additional health information to assist with a nursing assessment of the health of each student. It is important that school personnel understand the confidential nature of this school health record. Schools are to have written policies that govern who may have access to the records and storage and retention of health records.

Information from the health record should not be released to outside agencies or individuals without written consent of the student's parents, except for immunization records. The administrator responsible for health services is to determine how records are to be used and who is responsible for recording data and keeping records up to date. The school nurse is usually responsible for maintaining the health records.

Resources and References

American Association for Pediatric Ophthalmology and Strabismus,
[Pediatric Ophthalmology and Strabismus \(AAPOS\)](#)

[Blood Pressure Percentiles](#)

Campbell, K., Meyers, A., Medscape, *Impedance Audiometry* (February 22, 2017)
<https://emedicine.medscape.com/article/1831254-overview>

[Familiar Sounds Audiogram](#)

[Hearing Screening](#)

[Initial Student Health History](#)

Kutz, J., Meyers, A., Medscape., *Audiology Pure-tone Testing* (April 7, 2016)
<https://emedicine.medscape.com/article/1822962-overview>

NM Lions Kidsight Program Referral form

http://nmlionskidsight.com/uploads/3/2/7/9/3279891/socsf_provider_referral_nofication_form_4-15.pdf

New Mexico Administrative Code 7.30.11 [Vision Screening Test Standards for Students](#)

New Mexico Department of Health [School Vision Screening Advisory Report](#)

[New Mexico Medical Oversight Committee BMI Position Statement](#)

[Parental Permission to Obtain Information - English](#)

[Parental Permission to Obtain Information - Spanish](#) Permiso Parental para Obtener Información

[Referral Form - General](#)

[Release of Medical Information](#)

[Release of Medical Information \(Publicación de Información Médica Padre\)](#)

[Save Our Children's Sight Brochure](#)

[Save Our Children's Sight Presentation](#)

[Save Our Children's Sight Screening Day Protocol](#)

[Save Our Children's Sight Vision Referral Form](#)

[Save Our Children's Sight Vision Referral Letter](#)

[Save Our Children's Sight Voucher Form](#)

[Save Our Children's Sight Voucher Procedure](#)

[Special Education Nurse Screening Summary Form](#)

[Student Health Assessment](#)

The Free Medical Dictionary <http://medical-dictionary.thefreedictionary.com/>