HB

464&

465

A M E N D M E N T

Offered in the SENATE By Parr

TO:

Page , line :

Insert the following new section:

* Sec. . AS 24.15.020 is amended to read:

Sec. 24.15.020. SALARY OF LEGISLATORS. The monthly salary for each member of the legislature is $1,564 [EQUAL TO STEP A, RANGE 10 OF THE SALARY SCHEDULE IN AS 39.27.011(a) FOR JUNEAU, ALASKA]. The president of the senate and the speaker of the house of representatives are each entitled to an additional $500 a year during tenure of office.

AMENDMENT

Offered in the SENATE By Parr

TO:

Page , line :

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HB 176

A M E N D M E N T

Offered in the SENATE By Parr

TO:

Page , line :

Insert the following new section:

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Alaska State Legislature

House of Representatives

Committee on

Health, Education & Social Services

Official Business

Pouch V
State Capitol
Juneau, Alaska 99811

February 22, 1982

The Honorable Al Adams, Chairman
House Committee on Finance
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

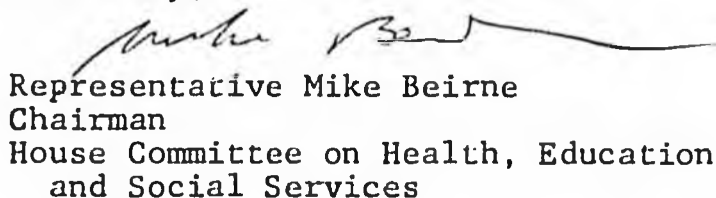
Dear Mr. Chairman:

The House Committee on Health, Education and Social Services is referring House Bills 46[illegible] [illegible]d 465 to your committee with the recommendation tha[illegible] [illegible]e scope of the bills be broadened to include private school children as candidates for vision and hearing examinations. These examinations will be funded through the Department of Health and Social Services.

The Committee did not amend these bills in this respect because they were awaiting legal clarification of the constitutionality of this point. This opinion is attached for your reference.

The Committee feels that preventive examinations should be made available to the full range of children in the school system. Children in private schools also need this preventive care and might miss their opportunity if they move from one system to another. In order to enhance the health of the state's residents as a whole, the recommendation for amendment is offered.

Sincerely,



Representative Mike Beirne
Chairman
House Committee on Health, Education and Social Services

STATE OF ALASKA
THE LEGISLATURE
LEGISLATIVE AFFAIRS AGENCY

POUCH Y - STATE CAPITOL
JUNEAU ALASKA 99811
907-465-3800

MEMORANDUM

February 17, 1982

SUBJECT: Constitutionality of providing state-sponsored vision and hearing examinations to private school pupils (CSHB 464 (HESS))

TO: Representative Michael F. Beirne
Chairman, House Health, Education and Social Services Committee

FROM: Edward H. Hein
Legislative Counsel

You have asked whether it would be constitutional to extend to private school children the state sponsored vision and hearing examinations proposed for public school children in CSHB 464 (HESS).

Under both the federal and Alaska constitutions the legislature is prohibited from making laws "respecting an establishment of religion". U.S. Constitution, Amendments I, XIV; Alaska Constitution, Article I, Sec. 4. State aid to private schools does not violate the establishment clause if the aid is for a clearly secular purpose, neither advances nor inhibits religion, and does not foster excessive entanglements by the state with religion. Committee for Public Education v. Nyquist, 413 U.S. 756 (1973). Under this test, providing funds for vision and hearing examinations for all school children would not violate the establishment clause.

The Alaska Constitution, Article VII, Sec. 1 also provides that "no money shall be paid from public funds for the direct benefit of any religious or other private educational institution". The test under this section is whether the aid would directly benefit the private school. As our Supreme Court has stated,

> Though any state assistance that relieves the burden on a private school to provide for the health and welfare of its students will free the school to concentrate its funds on its private educational mission, numerous delegates (at the constitutional convention) voiced their understanding that the direct benefit clause would not bar such incidental support.

Sheldon Jackson College v. State, 599 P.2d 127, 130 (Alaska 1979).

Providing for vision and hearing exams would clearly be for the health and welfare of students. Under the proposed plan, schools and school districts would merely be the conduit for providing this benefit to the students. The students, and not the schools, would directly benefit from the examinations.

Thus, providing for vision and hearing examinations for both public and private school children would violate neither the federal nor the Alaska Constitutions.

EHH:ljb

Enclosure

HOUSE HEALTH, EDUCATION & SOCIAL SERVICES
STANDING COMMITTEE
February 12, 1982
3:08 p.m.

Members Present: Rep. Beirne, Chairman
Rep. Malone
Rep. Cato
Rep. Smith
Rep. Martin

COMMITTEE CALENDAR

HB 464/465 Relating to vision/hearing screening for children.

HB 210 Relating to child custody.

HB 225 Relating to the Parole Board

HB 261 Relating to the continuation of the Parole Board.

HB 293 Relating to the Parole system, furloughs, etc.

HB 679 Relating to imitation controlled substances.

WITNESS REGISTER

Rep. Zharoff
Position Statement: Testified in favor of HB 464/465.

Dr. E.S. Rabeau, Dept. of Health and Social Services
Position Statement: Supported HB 464/465/

Susan Leach, Speech Pathologist
Position Statement: Testified support for HB 464.

Diane Schmeling, Gov. Council on Handicapped
Position Statement: Support for HB 464.

Don Oberg, NEA, Juneau
Position Statement: Support for HB 464.

Dean Guaneli, Dept. of Law
Position Statement: Testified on HB 293.

Charles Campbell, DHSS
Position Statement: Testified on Parole Bills.

PREVIOUS ACTION

HB 464/465	Hearing on May 14, 1981.
HB 210	Hearings on 3.26.81, 4.22.81, and 1.29.82.
HB 225, 261,293	Hearings on 3.23.81, 2.8.82.

ACTION NARRATIVE

Tape #16 Recording Number 0000	Chairman Beirne opened the committee meeting at 3:08 p.m.. The first bill discussed were HB 464 and HB 465. Rep. Zharoff expressed his support for these bills, pointing out the need for these services especially in the rural areas. Dr. Rabeau stated the Depts. strong support for these bills, explaining 33,000 students would be screened annually by trained lay people. He suggested the committee consider adding non-public students to the program and having the funds in DHSS, not Dept. of Ed.
Number 0110	Discussion was held on desireability of having the School District responsible to providing these tests. Rep. Cato objected, saying some districts would misuse the funds, but Rep. Smith thought the school district should pay for these screenings. The cost of each screening is set at $3.00.
Number 0355	Don Oberg stated the N.E.A.'s strong support. Susan Leach also testified to the need for these early screenings, stating the importance of detecting problems before they become learning disabilities. Diane Schmeling also gave support as a priority item from the Governor's Council on the Handicapped.
Number 0502	Rep. Malone moved the amendment suggested on the position paper be adopted: HB 464, line 16, pg. 1, addition of "...and Social Services shall set standards for performance of vision and hearing screening, shall train..." and the addition to pg.1, line 14, of "...and at regular intervals as specified by regulation (considered available)...". Discussion was also held on extending to non-public schools, but question on the constitutionality was brought up. Rep.

Malone questioned wording on Pg. 1, line 21. Rep. Malone motioned to have the amendments adopted and the bill passed out with these amendments. There were no objections. Rep. Cato moved to change the effective date to 1982. Rep. Malone motioned to delete Sec. 2. Rep. Cato withdrew her motion. Rep. Smith moved to change the title and drop the effective date. This motion carried. Rep. Cato moved to delete Dep. of Ed. and insert DHSS on line 16, Sec. 2, in HB 465. There were no objections. Rep. Malone moved to pass the bill, HB 465 from the commitee. There were no objections. HB 464 and HB 465 were passed out of committee as amended.

Number 0770

Next, the Parole Bills were taken up, HB 225, 261 and 293. Committee staff had prepared a list of desirable items from HB 293 to be added to HB 225. Rep. Smith asked for more time to consider these bills and any changes. So did Rep. Malone. Rep. Martin asked if the committee wanted the Parole Board to continue or not. Dean Guaneli spoke for the Dept. of Law, saying HB 293 was an effort to sunset the parole board, as asked for by the Governor, but that the Dept. of Law was not for or against the bill. Rep. Martin asked if the parole board must be carried over or could it be abolished immediately? Mr. Guaneli stated it could be dropped this year. HB 293 would cause increase in jail population. Mr. Campbell urged some of the reforms in HB 293, concerns over presumptive sentencing. Rep. Malone and Rep. Martin set up a meeting to go over parole bills and materials. Rep. Smith asked to be a part of the meeting, set for Sat. 13th.

Number 1158

HB 679 was brought up next. There were no witnesses present.

Number 1189

HB 210 was the last bill discussed. The committee had several changes to be made in the bill and a CS prepared. Rep. Malone wanted the language concerning joint and physical custody to be cleared up. Rep. Malone also brought up awarding custody to non-parent and preference of the child as points to look at. Rep. Martin stated the intent of the bill was to stress responsibility of the child to the natural parents. HB 210 will be discussed again.

PLEASE NOTE: THE FOLLOWING PAGES WERE TREATED AS A UNIT IN THE ORIGINAL DOCUMENT

UNIVERSITY PLAZA OFFICES WEST • SUITE C • 600 UNIVERSITY AVENUE • FAIRBANKS, ALASKA 99701
PHONE (907) 479-6507

February 23, 1981

LEGISLATIVE PROPOSAL

VISION AND HEARING SCREENING OF SCHOOL-AGE CHILDREN

PURPOSE: The State of Alaska should insure that adequate resources are provided so that all school-age children receive periodic vision and hearing screening.

NEED: There is a definite relationship between a child's physical well-being and his/her readiness to learn. Seventy-five per cent of all learning is attained through the sense of vision. A great deal of learning is obtained by auditory means. Undetected vision and hearing difficulties can and do adversely affect a child's school adjustment, learning, and health.

While many school districts (22 of 33 districts which responded to a 1980 survey) conduct some type of vision and hearing screening, other districts do not. There is presently no requirement for all children to receive vision and hearing screening.

OBJECTIVES:

School vision and hearing screening programs should be required to:

1. Identify children who may have vision or hearing problems.
2. Inform parents of each child who fails screening of the possibility of a problem.
3. Recommend to the parents, when appropriate, that professional examination and/or treatment be sought and instituted.
4. Refer children who have a vision or hearing impairment (as identified by a physician, audiologist or eye specialist) for evaluation of the educational and communication implications of the hearing loss or vision impairment.
5. Inform the child's teacher of the vision or hearing difficulty.
6. Maintain records of the status of children referred to insure that needed services are obtained whenever possible.
7. Maintain records of the over-all screening program activities and complete and transmit reports of these activities at the close of each school year.

PROGRAM: A statewide screening system must include the following:

1. Regulations, program standards and guidelines adopted by the Department of Health and Social Services in conjunction with the Department of Education.

2. General supervision of school district screening programs by the Department of Health and Social Services:

   Vision Consultant Public Health Nurse in the Division of Public Health for vision screening.

   Communicative Disorders Program in the Division of Public Health for hearing screening.

3. Training and certification of screening personnel by the Department of Health and Social Services.

4. Funding for local school districts on a cost per child basis and funding for general statewide program supervision and training of screening personnel.

RATIONALE: The Department of Health and Social Services position states that:

Screening to detect vision and hearing impairments is a valuable and cost-effective preventive health measure. Simple tests can effectively and efficiently screen large numbers of children at minimal cost in order to identify those children in need of further treatment or intervention. Early identification is critical in order to provide an opportunity for each child to maximize his/her learning experience.

The initiation of periodic vision and hearing screening of school children has been uniformly supported by the Departments of Education and Health and Social Servies, local school districts, public health nurses, native corporations, the Governor's Council for the Handicapped and Gifted, and the private medical community.

With the dramatic rise in health costs in Alaska and the United States, efforts are increasingly being directed to preventive services and to the use, where possible, of non-medical personnel. Screening examinations which can identify children with vision or hearing impairments can be performed effectively, rapidly, and inexpensively by appropriately trained lay personnel. Children who fail the initial screening are referred for further evaluation, diagnosis, treatment, and remediation. Children with chronic or permanent impairments will be identified so that remedial or special education programs can be appropriately provided.

LEGISLATIVE OPTIONS:

PRIORITY 1: New legislation under educational statutes, Section 14 as follows:

"An Act relating to vision and hearing screening in the schools,

and providing for an effective date."

Section 14.30.080. Vision and hearing screening required. Vision and hearing screening shall be required for all school children.

(a) Screening shall be done in accordance with regulations promulgated by the Department of Health and Social Services in cooperation with the Department of Education.

(b) The Department of Health and Social Services shall train local school district screening personnel, assist with referral and follow-up of children needing professional examination or treatment, and assist with maintenance and repair of screening equipment.

(c) Local personnel conducting vision and hearing screening shall be trained and certified by the Department of Health and Social Services.

(d) School districts shall receive funds for screening from the Department of Education on the basis of cost per child per screening event.

(e) This Act takes effect July 1, 1981.

PRIORITY 2: Amend existing physical examination statute as follows:

Section 1. AS 14.30.070 is amended by adding a new sub-section to read:

(d) Vision and hearing screening examinations required by regulations promulgated under AS 14.30.065 shall be made by a competent individual authorized by the commissioner of health and social services to perform such tests.

Section 2. This Act takes effect immediately in accordance with AS 01.10.070(c).

FUNDING: The fiscal note for a proposed new statute or an amendment to existing statute for vision and hearing screening is as follows:

DEPARTMENT OF EDUCATION;

Funds to school districts based on $3.00 per screening per child.

1980-81 enrollments in grades to be screened in public schools:

Vision grades		Hearing grades	
K or 1	6,700	K or 1	6,700
3	6,725	2	6,737
5	7,049	3	6,725
7	6,385	7	6,385
11	6,603	11	6,603
	33,462		33,150

Total children eligible = 66,612 x $3/child = $199,836

DEPARTMENT OF HEALTH AND SOCIAL SERVICES;

Vision Consultant Public Health Nurse Position

Anchorage based		
Range 18, PHN III		
Salary	$31,680	
Benefits	8,479	
Total	40,159	$40,159

Travel for both vision and hearing consultants (hearing personnel already employed by the Communicative Disorders Program of the Division of Public Health) to train school district and REAA personnel and Public Health Nurses to do screening: 20,000

Contractual	9,100
Commodities	4,750
Equipment	2,450
	$76,459

TOTAL FISCAL NOTE: $276,295

GOVERNORS COUNCIL FOR THE HANDICAPPED AND GIFTED

UNIVERSITY PLAZA OFFICES WEST • SUITE C • 600 UNIVERSITY AVENUE • FAIRBANKS, ALASKA 99701
PHONE (907) 479-6507

February 23, 1981

* During the past two years the Governor's Council for the Handicapped and Gifted established a Vision and Hearing Screening Committee which studied the need for a statewide vision and hearing screening program for all school-age children and developed comprehensive vision and hearing screening standards and guidelines. The committee members included a wide range of community members, physicians, vision and hearing specialists, public health nurses, educational specialists, and representatives of the Departments of Health and Social Services and Education as well as school administrators.
* The Committee finalized its comprehensive report in October 1981 and presented recommendations to the Departments of Health and Social Services and Education. The Department of Health and Social Services attempted to institute vision and hearing screening in place of the presently required physical examinations (AS 14.30.070). Proposed regulations to this effect went to public hearing in December 1980. Due to the amount of testimony received in favor of retaining physical examination requirements, the Department abandoned this effort in favor or supporting statutory change which would include vision and hearing screening and allow persons other than physicians or nurses to conduct the screening.
* The Council believes that vision and hearing screening is important to the school-age community and that every effort should be make to institute the vision and hearing screening programs according to the standards recommended by the Committee. Both the Department of Health and Social Services and the Department of Education are in agreement with the Council.

It is the Council's hope that legislators will support introduction of this important legislation, enact the legislation, and institute statewide vision and hearing screening programs in local school districts during the 1981-82 school year.

John Nuttall
Council Chairperson-elect
Chairman, Legislative Committee

STATE OF ALASKA

JAY S. HAMMOND, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF PUBLIC HEALTH
SECTION OF FAMILY HEALTH

POUCH H 06B
JUNEAU, ALASKA 99811
PHONE: 465-3100

April 16, 1981

The Honorable Fred Sharoff
House of Representatives
Pouch V
Juneau, Alaska 99811

Re: HB 464 & 465

Dear Mr. Zharoff:

The following information is provided as guidance material on the hearing portion only of the proposed vision-hearing screening legislation. We have this information readily available on hearing because our Communicative Disorders Program deals with this sphere of problems. Similar information can be gathered on the vision portion but this would take more effort since that program is not yet as well established.

This legislation will establish a uniform hearing screening program Statewide for school children to be conducted by trained lay personnel. Training will be provided by the Communicative Disorders Program (H&SS) staff according to standards established by the Vision and Hearing subcommittee of the Governor's Council for the Handicapped and Gifted. Efforts to date to initiate such screening have resulted in sporadic compliance due to lack of standards, poor funding and a confused role/responsibility for this task. This legislation addresses each of these issues. Through such a screening program approximately 41,300 children would be screened annually. A conservative estimate of a 10% failure rate statewide would mean that 4,130 students at high risk would be identified each year. Of the 4,130 students failing screening, approximately half would be referred for medical attention, one fourth would be found to need other non-medical services (such as counseling concerning noise exposure, hearing aid management, preferential seating in school, etc.) and one fourth would be subsequently found to have normal hearing and would not need further services.

Hearing loss continues to be one of the major health problems in Alaska. Statistics from other states indicate that a hearing screening failure rate of 5% is usually anticipated. In Alaska when the same screening procedures are employed the failure rate ranges between 10.3% and 36.6%. The highest failure rate is found in the remote areas (especially in the rural villages of northern and western Alaska).

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APR 2 0 1981

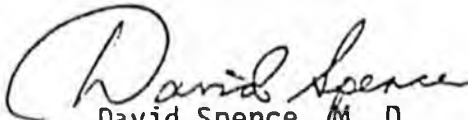
Cases of hearing loss identified by these screening procedures vary from mild transitory ear infections to severe sensory damage. Otitis media (middle ear infection) is by far the most common condition identified prior to grade three. Cases of otitis media will be referred to a physician, public health nurse or health aide who will administer medications, monitor the case over a period of time, and refer for more specialized attention when indicated.

Hearing loss due to noise exposure is also found commonly in older students through screening. High school students at Mt. Edgecumbe have had their hearing routinely checked for several years. This type of hearing loss has been discovered on 9 to 17% of the student population each year. It is believed that this high prevalence of noise induced hearing loss is caused by excessive exposure to high intensity noise from rifle fire, light aircraft, snow mobiles and motor boats. Once incurred, this condition is permanent and may be progressive with continued exposure. Early identification is important so that ear protection, counseling and hearing health education material may be provided.

The implementation of a uniform hearing screening effort in Alaska is a necessary part of developing a preventative program. Cases identified can be: (1) referred for prompt medical attention, (2) counseled concerning prevention of further hearing loss, and (3) monitored on an ongoing basis. Without prompt and systematic identification many of these cases will no doubt go undetected until corrective procedures are less effective.

Should you wish further information concerning hearing loss in Alaska please contact me.

Sincerely yours,



David Spence, M. D.
Chief
Section of Family Health

JAY S. HAMMOND, GOVERNOR
STATE OF ALASKA

GOVERNORS COUNCIL FOR THE HANDICAPPED AND GIFTED
UNIVERSITY PLAZA OFFICES WEST · SUITE C · 600 UNIVERSITY AVENUE - FAIRBANKS, ALASKA 99701
PHONE (907) 479-6507

April 1, 1981

Representative Fred F. Zharoff
Pouch V
Juneau, Alaska 99811

Dear Fred:

Enclosed are copies of the Council's recommended Vision and Hearing Screening Standards.

The standards are for your information should there be questions about what is involved in screening and how screening would take place under the Council's proposed legislation.

The Department's of Health and Social Services and Education were involved in their development and have agreed to utilize these st[illegible] and procedures once enabling legislation is enacted.

Thank you for your willingness to sponsor this important legislation. Please give me a call if you have additional questions.

Sincerely,

John Nuttall

John Nuttall
Legislative Committee Chairperson

Enclosure

JN/lsl

<u>RECOMMENDED</u>

ALASKA
VISION SCREENING STANDARDS

OCTOBER 1980

DEVELOPED BY THE VISION/HEARING SCREENING COMMITTEE
OF THE
GOVERNOR'S COUNCIL FOR THE HANDICAPPED AND GIFTED

These Vision and Hearing Screening Standards have been developed through the diligent efforts of the following individuals who represented their respective professions and/or organizations on this subcommittee of the Alaska Governor's Council for the Handicapped and Gifted.

Ms. Jean Lucius	Public Health Nursing
Dr. David Spence	MCH-CCS-Pediatrics
Mr. Tom Buckner	State Department of Education Special Education Section
Dr. Marj Robinson	Rural Special Education Admin.
Dr. Thomas Harbour	Alaska Optometrists Assoc.
Dr. James Patterson	Alaska Opthalmologists Assoc.
Mr. Carl Dixon	Alaska Native Medical Center
Dr. Richard Raugust	Alaska Otolaryngologists
Mrs. Barbara Seidl	School Nursing
Ms. Ann Rogers	N.E.A. Alaska
Mr. Carl Pohjola	School Superintendent
Dr. Jim Ayers	Head Start Program
Dr. David Canterbury (Co-chairperson)	Communicative Disorders Program
Mrs. Jane Brodie (Co-chairperson)	Blind/Visually Impaired Program

Consultants:

Miss Elizabeth Field
Vision Screening Consultant
Arizona Dept. of Health

Mr. Jim Nelson
Child Health Section
Illinois Department of Health

TABLE OF CONTENTS

PAGE

1.0 Introduction.. 1

2.0 Screening Procedures................................ 3

3.0 Referrals... 6

4.0 Recordkeeping, Reporting, and Forms................. 8

5.0 Personnel and Training..............................10

6.0 Materials and Equipment.............................12

Appendix A - "Observation -- Signs of Eye Trouble"............14

Appendix B - "Student Observation Report"....................15

Appendix C - "Vision Screening Worksheet"....................16

Appendix D - "Vision Screening Referral".....................17

Appendix E - "Parent Notification Regarding Color Deficit Test"..18

Appendix F - "Annual Vision Screening Report"................19

Appendix G - Glossary..20

1.0 INTRODUCTION

The State of Alaska is committed to the belief that each child has a right to an equal opportunity for a quality education. Research has shown that there is a relationship between a child's physical well-being and his or her readiness to learn. Since up to 75% of all learning is attained through the sense of vision, vision difficulties can adversely affect a child's learning. High quality vision screening programs identify those children who need diagnostic attention by an eye specialist (ophthalmologist/optometrist) in order that their visual condition is treated and/or corrected to the best possible status.

Effective screening involves implementing uniform policies and methods by trained personnel using appropriate equipment; and adhering to well organized referral; follow-up; and reporting procedures. Programs of high quality can be established through the cooperative efforts of (1) school personnel, i.e., school nurses, teachers, teacher aides; (2) health personnel, i.e., public health nurses, community aides, physicians, ophthalmologists and optometrists; and (3) appropriately trained volunteers.

Two things need to be emphasized in screening programs. The first is that screening procedures are not intended to be diagnostic. It is improper to conclude that persons who fail screening procedures have vision loss. Screening selects the population that needs further, more refined evaluations. Parents and visual screeners should be instructed to seek a professional visual evaluation by an eye specialist (ophthalmologist/optometrist) whenever they have any doubt about any child's vision, regardless of any recent vision screening with normal results.

Secondly, the diagnostic process which follows screening may identify those youngsters who after best correction still have a vision impairment to such an extent that they meet the eligibility criteria for special education. At this time, the educational implications of a vision loss need to be added to the medical implications. Too often the sole goal is referral of medical needs of those who fail screening procedures.

Objectives of a School Vision Screening Program are:

1. To identify the children who may have eye problems.

2. To inform parents of each child who fails the screening of the possibility of a problem.

3. To recommend to the parents, when appropriate, professional visual evaluation and care be sought for children with possible visual problems.

1.0 INTRODUCTION (Continued)

4. To pursue the matter until an examination is made and appropriate evaluation and/or treatment is instituted.

5. To inform teachers of their students' visual difficulties and its resolution.

6. To refer children who have a vision impairment (as identified by an eye specialist), for evaluation in the unique educational implications of the vision impairment.

7. To maintain records of the status of children referred to insure that needed services are obtained whenever possible.

8. To maintain records of the overall screening program activities and complete and transmit as required annual reports of this activity at the close of each school year.

2.0 SCREENING PROCEDURES

Vision screening involves testing in an abbreviated way, large numbers of children. The main purpose is to identify children who are in need of a diagnostic visual examination and to refer them for professional diagnosis.

From the following screening schedule it is apparent that the specific screening tests used will vary from one grade to another. It is recommended that the age appropriate battery of tests be administered at one time. The frequencies of screening stated below are minimal standards state-wide for Alaska. More frequent screening may be justifiable based on local circumstances.

2.1 POPULATIONS TO BE SCREENED

2.1.1 SCREENING SCHEDULE

SCREENING PROCEDURE	GRADES							
	*Preschoolers	K and/ or 1	3	5	7	11	ALL SPEC ED STUDENTS ANNUALLY	ALL NEW STUDENTS
Observation	At all grade levels - P-12						X	X
Distance Visual Acuity	X	X	X	X		X	X	X
Cover/Uncover	X	X		X			X	X
Color Deficiency	Once after grade six for all students							After Grade six

2.1.2 Waivers

A child is exempt from screening or testing if a parent, guardian, or person in loco parentis of the child presents a written statement or given verbal notification to the administration of the child's school that the parent, guardian, or person in loco parentis does not wish the child to be screened.

2.2 TYPES OF SCREENING

2.2.1 Observation

Observation of visual behavior is one of the most important means of determining potential visual problems. Observation

*Preschoolers (1) Ages 2 1/2, 3 or 4.
(2) School districts are not required to screen preschoolers until school entry.
(3) Other agencies who are involved in children of this age should adhere to these standards.

2.2 TYPES OF SCREENING (Continued):

2.2.1 Observation (Continued):

should be an ongoing activity and performed by all persons who are in contact with children, i.e., teachers, aides, volunteers, parents, relatives, and other health personnel. See "Observation--Signs of Eye Trouble" - Appendix A.

2.2.2 Distance Visual Acuity:

Distance Visual Acuity is the most important single test of visual function. Distance Visual Acuity tests the individual's ability to see and to report correctly forms seen under standards testing conditions. The following screening test symbols are recommended and are ranked in decreasing order of difficulty and effectivity.

1. Snellen Letter - may be used for 1st grade and above.

2. E Chart - may be used with pre-school, K, and special education students.

3. Hand Chart - may be used with pre-school, K, and special education students.

4. Picture Chart - reliability less refined as with above tests useful with pre-school and special education students.

2.2.3 Cover/Uncover Test;

The cover/uncover test will determine any abnormality of muscle imbalance or ocular alignment. The eyes must be properly aligned to have binocular vision. Muscle balance screening is especially important in young children to detect such conditions as strabismus which may produce ambloypia. If muscle imbalance is detected and properly treated before the age of 4 to 6, visual prognosis is good.

2.2.4 Color Test:

Assessment of color vision does not need to be made until a student has reached grade 6 and need be made only once. Deficiency in color vision is not correctable, but is important for the individual and his parents, and appropriate personnel to be aware of such a deficiency. A knowledge of color deficiency is important in art, science, safety, and vocational counseling. Color vision can be screened by using appropriate sets of color plates. (See Section 6.2)

2.3 RESCREENING OF FAILURES

If a child fails one or more of the tests (except color) he/she should be rescreened with the failed test on a subsequent day,

2.3 RESCREENING OF FAILURES (Continued)

optimally about one week later. If the student again fails, he/she should be referred under the criteria and methods listed in Section 3.0 - Referrals. This rescreening procedure is necessary to prevent over-referrals. It should be noted that in remote areas rescreening may have to be done on the same day.

2.4 SCREENING OF CHILDREN WHO WEAR GLASSES OR CONTACT LENSES

Vision of children who wear glasses or contact lenses should be tested with their glasses or contact lenses in place. The determination of the need for a referral should be based on levels of referral delineated in Section 3.0.

2.5 TEST ENVIRONMENT

It is recommended that an isolated area at least 20 feet long be made available to conduct vision screening with Snellen charts. Room lighting recommended is 10 to 30 foot candle power. Where equipment is not available to determine this, normal lighting for school work will provide adequate illumination to conduct vision screening. Be sure there is no glare or shadows on the charts.

2.6 VISION SCREENING MACHINES

If your district is considering using vision screening machines, it is recommended you contact the Maternal and Child Health Department of Public Health for information on these machines. The vision consultants on this committee discourage their use.

3.0 REFERRALS

One of the most crucial aspects of vision screening is referral for a professional diagnostic visual evaluation of those students who fail any area of the vision screening after rescreening. The referral for a professional visual evaluation should be initiated and monitored by the school district; however, ultimate responsibility for follow through rests with the parents. It is important therefore to involve the parents in the process at the earliest possible time. (See Figure 1 on page 7.)

3.1 CRITERIA FOR REFERRAL

SCREENING PROCEDURE	AGE	CRITERIA
Distance Visual Acuity	3, 4, or 5 year olds	Two lines of difference in acuity between the Right and Left Eye OR, 20/50 or Less in one or both eyes
	6 year olds and above - including students wearing glasses, and contact lenses	20/40 or Less in one or both eyes
Cover/Uncover	All Ages	Any movement indicative of a tropia or large phoria
Observation	All Ages	Any child who has an obvious sign of eye defect or valid eye complaints

3.2 REFERRAL FOR PROFESSIONAL DIAGNOSTIC VISUAL EVALUATION

Any individual who fails one vision screening test on two occasions should be referred for a professional diagnostic visual evaluation by an eye specialist. Figure 1 on page 7 diagrams the referral process.

3.3 REFERRAL FOR SPECIAL EDUCATION PLACEMENT

A child with a visual impairment may be eligible for special education placement in accordance with the eligibility guidelines in the current Alaska Special Education Handbook of the Department of Education.

Initial Screening

Distance Visual Acuity
- **Pass** — Meets criteria in 3.1
- **Fail** — Fails to meet criteria in 3.1

Cover/Uncover
- **Pass** — No devient-eye movement
- **Fail** — Any movement indicating of a tropia or large phoria

Color Deficiency (after grade 6)
- **Pass** — Passes all items on test
- **Fail** — Fails 1 or more items on test
  - **Advise Parent & Student** — Send notice of color deficiency
  - **Advise Appropriate School Personnel.**

Rescreening (after Fail on Distance Visual Acuity or Cover/Uncover)

Use same test(s) failed first time with same procedure.

- **Pass** — Meets criteria in 3.1
- **Fail** — Fails at least one vision screening test on two occasions

Referral

Advise parent and/or proper health authority that child needs professional diagnostic vision exam

Diagnostic Evaluation

- Child is OK, or receives corrective treatment
  1. Teacher advised
  2. Student health card and other records completed
- Child after treatment has disability to warrant meeting criteria for special education
  1. Student referred to Special Education
  2. Teacher advised
  3. Student health card and other records completed

FIGURE 1

4.0 RECORDKEEPING, REPORTING, AND FORMS

A vital component of the vision screening program is the recordkeeping and reporting process. The individual in each district who has been designated to coordinate vision screening activities should also be responsible for recordkeeping and reporting as is stipulated below:

4.1 CONFIDENTIALITY

Individual screening and testing records shall be confidential as required by district policy. The records shall be available to health agencies to assist in obtaining proper and necessary health and educational care.

4.2 MANAGEMENT

The following forms should be used in the manner recommended below when conducting the vision screening process.

4.2.1 Reporting Observations

At the outset of each school year the information sheet Observation--Signs of Eye Trouble and the Student Observation Form should be distributed to each teacher in the district. The Observation--Sign of Eye Trouble is meant to inform teachers of the types of behavior exhibited in the classroom which might indicate a vision disorder. The Student Observation Form comes in duplicate and is used for referring those students to the individual responsible for screening. The second copy is to be kept by the teacher for classroom records. Samples of these forms are in Appendix A and B.

4.2.2 Recording Daily Screening Activities

The form Vision Screening Worksheet should be used by the screener to record the daily screening activities. Data from these forms will be used in the Annual Vision Screening Report submitted at the end of each school year. A sample of the Vision Screening Worksheet is in Appendix C.

4.2.3 Referrals to Parents

4.2.3.1 Professional Diagnostic Visual Evaluation

When, as a result of vision screening, it is determined that a professional diagnostic visual evaluation is needed, the parents should be notified by mail, by telephone, or by parent conference. Use of the Parents Referral Form is

recommended. This form informs the parent of the reason for the referral and has a "tear off" portion which the eye specialist can use to report findings back to the schools. The form comes in duplicate, one copy to be kept by the referring party. See sample in Appendix D.

4.2.3.2 Color Vision

When color deficiency has been detected the parents should be notified by sending them the form Parents Notification of Color Deficiency or by direct parent contact. A sample of this form is in Appendix E. The appropriate school personnel should also be notified.

4.2.4 Exam Results and Recommendations

When the results of the professional diagnostic visual evaluation are returned to the coordinator of vision screening, these results should 1) become part of the individual's school health record 2) be communicated to the individual's teacher(s), and 3) be considered if a child study team is reviewing a child for special educational services.

4.2.5 School Health Records

School health records will exist in varying form from district to district. Entry should be made in the health record whenever the child has failed screening and rescreening tests. The subsequent referral for professional diagnostic visual evaluation should be traceable in the record.

4.2.6 Annual Report

During April or May of each year an annual report of vision screening activities should be completed using the screener's copy of the Screening Worksheet, Parent Referral Form, Parent Notification of Color Deficiency, and professional diagnostic evaluation reports as sources of input. A sample of the Annual Vision Screening Report is included in Appendix F. A copy of this report should be sent to Vision Screening Consultant, Department of Health & Social Services, Section of Family Health.

5.0 PERSONNEL AND TRAINING

5.1 PERSONNEL

State: Coordination and administration of vision screening at a state level should be the responsibility of a full time Vision Screening Consultant from the Department of Health & Social Services. The Vision Screening Consultant shall develop and conduct training programs, monitor compliance to standards, coordinate screening services performed by various agencies in the state, keep all state records and reports regarding vision screening, and disseminate information about vision screening.

Local: The administration of vision screening should be the responsibility of superintendent of the school district. The superintendent should designate the management or direction of the vision screening program to a local health care provider such as a school nurse or public health nurse. This individual should be certified in vision screening by the State Vision Screening Consultant to assure that districts' standards and procedures for follow-up activities are known and followed.

Alaska school districts may employ or contract personnel for this purpose. The needs of some districts may be best served by establishing an agreement with the appropriate local public health nurse's office or regional public health agency to provide the supervisory and consultative function.

In managing the vision screening program the local health care provider should perform the following duties:

a) Arrange a screening schedule and notify all involved.
b) Administer screenings and rescreenings.
c) Notify parents of referrals.
d) Follow-up on referrals.
e) Complete recordkeeping and reporting.

The local health care provider may arrange for the training of other individuals such as teachers, aides, volunteers (to be known as screeners) to administer the vision screenings and rescreenings. School districts should make an effort to emoploy reasonable permanent screeners; persons who understand that they carry screening responsibility over a period ot time and thereby have an opportunity to accumulate knowledge and develop necessary skills.

5.2 TRAINING

It is recommended that the State Vision Screening Consultant of the Department of Health & Social Services, develop the curriculum for a training program for vision screeners and that this program also establish certification and recertification procedures for such personnel, including the use of a competency based test. A minimum of eight hours of training, including practicum is

suggested for new screening team members. A minimum of two hours refresher training should be provided by or under the direction of the State Vision Screening Consultant. Training procedures for vision screening should be designed to provide personnel with basic knowledge of vision and its effect on learning and with technical skills adequate to perform the screening task properly. Training should ensure that screeners develop competencies in:

1. Operation of screening equipment.
2. Identification of improperly functioning equipment.
3. Instruction-giving.
4. Conditioning techniques.
5. Eliminating inappropriate cues.
6. Evaluating the reliability of responses.
7. Making pass/fail judgements.
8. Identifying the difficult-to-test child.
9. Follow-up procedures.
10. Accurate recording of data.

Additionally, training should include a competency based evaluation of the knowledge and skills acquired by the screener to ensure that he/she meet minimum competencies. Evaluation should be done annually.

6.0 MATERIALS AND EQUIPMENT

Each local education agency should provide and make available for its vision screening program those testing materials recommended in the Screening Procedures Section 2.2 and 2.4. Sources for those materials are listed below.

6.1 Tests for Screening Visual Acuity

Snellen Letter & E Charts with Cover Cards

National Society for the Prevention of Blindness
79 Madison Avenue
New York, N.Y. 10016

Snellen Letter & E Charts, Picture Charts

The Lighthouse
New York Association for the Blind
111 E. 59th Street
New York, N.Y. 10022

Snellen Letter & E Charts, Picture Charts

American Optical Company
312 Dexter Avenue North
Seattle, Washington 98109

Sjogren Hand Test

The House of Vision, Inc.
135-137 N. Wabash Avenue
Chicago, IL 60602

Stycar Screening Tests

National Foundation for Education Research in England
London, England

6.2 Tests for Screening Color Vision

Guy's Color Test for Children

Western Optical Corporation
1200 Mercer
Seattle, Washington 98109

Ishihara Test

The Good-Lite Company
7426 W. Madison Street
Forest Park, IL 60130

Pseudo-Isochromatic Plates

American Optical Company
312 Dexter Avenue North
Seattle, Washington 98109

6.3 Stereoscopic and other machines for screening various components of vision:

American Optical Child's Vectrograph and Project-O-Chart

American Optical Company
14 Mechanic Street
Southbridge, MA 01550

Bausch and Lomb School Vision Tester

Bausch and Lomb
635 St. Paul Street
Rochester, NY 14602

Good-Lite Vision Screener

Good-Lite Company
7426 W. Madison Street
Forest Park, IL 60130

Keystone Telebinocular (Keystone Preschool Test used for young children with the No. 46 Telebinocular available)

Keystone View Company
Meadville, PA 16335

Titmus Vision Tester

Titmus Optical Company, Inc.
1015 Commerce Street
Petersburg, VA 23803

APPENDIX A

OBSERVATION -- SIGNS OF EYE TROUBLE

Observation of a pupil's behavior and appraisal of a pupil's achievement are exceedingly important as unusual behavior, poor school performance, and reduced rates of learning may indicate visual problems.

Signs and symptoms of visual problems:

1. Viewing Behavior

    a. Holds work too close or too far.
    b. Asks for special seating.
    c. Thrusts head forward to see distant objects.
    d. Holds body tense when reading or looking at distant objects.
    e. Frowns or squints when regarding or when trying to see distant objects.
    f. Attempts to brush away a blur.
    g. Rubs eye frequently.
    h. Blinks continually when reading.
    i. Tilts head.
    j. Covers or closes one eye.
    k. Exhibits poor muscle coordination.

2. Complaints

    a. Eyes are sensitive to light, photophobia.
    b. Eyes or lids burn or itch.
    c. Images appear blurred or doubled.
    d. Letters and lines run together.
    e. Words seem to jump.
    f. Frequent headaches associated with visual tasks.

3. Appearance

    a. Eyes water or appear bloodshot.
    b. Eyes that are not properly aligned are crossed or turned out.
    c. Eyes in constant motion, nystagmus.
    d. Eyes with pupils of different sizes and reaction to light and accommodation.

The above symptoms or signs constitute reasons for special vision screening.

APPENDIX B

STUDENT OBSERVATION REPORT

School____________________ Teacher______________________

Room__________ Grade__________ School Year________ Semester________

Purpose: To identify those students' whose behavior, reports, appearance, or records indicate a need for assistance or service.

DATE OBSERVED	STUDENT NAME	STATEMENT OF OBSERVED PROBLEM	FOLLOW-UP (to be completed by health screener)

This form will be returned to teacher when follow-up is completed, for teacher's information.

When form is returned, information on the students will have been placed on

F = Fail

District ____________

VISION SCREENING WORKSHEET

NAME		Grade & Room	DATE	First Screening							DATE	Second Screening							COMMENTS	Date Ref. to Parents	Info on Health Record
				Acuity			Cover/ Uncover		Color			Acuity			Cover/ Uncover		Color				
st	First			Rt	Lf	Both	P	F	P	F		Rt	Lf	Both	P	F	P	F			

APPENDIX C

VISION SCREENING REFERRAL

____
SCHOOL DISTRICT

To the parents of:______________________________Date of Birth_______________

School:____Date________________________

As a result of a recent vision screening at school, we believe that your child should have a complete professional eye examination. Please give this form to your ophthalmologist/optometrist to complete and then return it to school. We urge you to give this your prompt attention.

Your child's performance on vision screening:

Snellen Test for Distance Vision

R eye___________________; L eye___________________; Both eyes_______________

Cover/Uncover

Right eye OK___________________Deviation____________________
Left eye OK____________________Deviation____________________

Observation of symptoms and/or comments:____

____

___________________________________ ___________________________________
Signature of Tester — Signature of Duly Authorized School Personnel

---

PROFESSIONAL EYE EXAMINATION

Note to the ophthalmologist/optometrist:

The above child has not passed the vision screening. Please complete this form for parents to return to the school. Thank you.

Visual Acuity	Distance Vision		Near Vision	
	without correction	with correction	without correction	with correction
Right Eye (O.D.)				
Left Eye (O.S.)				
Both Eyes (O.U.)				

Field of Vision:

Diagnosis and Prognosis:

Treatment (if any):

When should glasses be worn:

Re-examination recommended:

___________________________________ ___________________________________
Date of Examination — Signature of Eye Physician

A P P E N D I X E

PARENT NOTIFICATION REGARDING COLOR DEFICIENT TEST

____

SCHOOL DISTRICT

To the parents of: ______________________________ Date of Birth ____________

School: ____ Date ____________________

During a recent vision screening, results indicate that your child has some degree of color deficiency. Although this problem cannot be corrected, and usually does not affect how a person sees, it is important that the student and people close to the student are aware of this color deficiency.

The main reason for color deficiency testing is to alert the student and his/her parents about the color deficiency since in the future there may be implications in planning or preparing for certain jobs or careers.

Information regarding results of the color deficiency test will be recorded on his health record, and education record, to alert school personnel who work with, or counsel, your child.

If you have any questions regarding results of this screening, please feel free to contact the school nurse or to consult an eye specialist.

Additional remarks.

Health Screener: ____

School: ____

ARE COMPLETED, BUT PRIOR
TO SUMMER VACATION.

ANNUAL VISION SCREENING REPORT

SCHOOL: ______________ DISTRICT ______________ SCREENER ______________ DISCIPLINE ______________

ADDRESS: ______________ CITY ______________ AVERAGE ENROLLMENT ______________

GRADE	NUMBER SCREENED	# of Failures on Each Test After Rescreening			TOTAL REFERRED	RECEIVED EVALUATION	SAW EYE SPECIALIST		REFERRALS NOT YET COMPLETED
		Visual Acuity	Cover/ Uncover	Color			No Treatment	Received Treatment, Medication, Lenses	
Pre-K									
Sp. Ed.									
K									
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
TOTAL									

APPENDIX F

Shaded Areas are recommended for annual screening.

APPENDIX G

GLOSSARY

Ambloypia - Dimness of vision without any apparent disease of the eye.
Amblyopia ex anopsia - Dimness of vision due to disuse of an eye with no apparent physical abnormality.

Astigmatism - Defective curvature of the refractive surfaces of the eye as a result of which light rays are not sharply focused on the retina for either nearness or distance.

Binocular Vision - Using the two eyes simultaneously to focus on the same object and to fuse the two images into a single image.

Candle Power - or "Foot Candle" - Unit of measurement of light intensity. One foot-candle equals the amount of light cast by a standard candle at a distance of one foot from the light.

Color Vision - The ability to discriminate colors. *Color deficiency* - The inability to discriminate between certain colors, usually red-green, seldom blue-yellow. Pseudo-isochromatic plates are used for testing for color deficiency.

Cover/Uncover Test - A test which discloses whether or not the two eyes function together as they should.

E Chart - Chart with only the letter E of specified sizes and in various positions printed in rows.

Eye Specialist - Ophthalmologist or optometrist

Field of Vision - The entire area which can be seen at one time without shifting the head or eyes.

Glare - A quality of light which causes discomfort in the eye; it may result from a direct light source within the field of vision or from a reflection of a light source not in the field of vision.

Hand Chart - Chart with a picture of a hand of specified sizes and in various positions in rows. Also referred to as Sjogern Hand test.

In Loco Parentis - In place of the parent without formal legal custody.

Ophthalmologist - A physician who has specialized in the disgnosis and treatment of vision defects and diseases of the eye. He may prescribe glasses, contact lenses, and other corrective measures and may perform surgery. He uses the initials M.D. after his name.

Optician - A maker and dealer in optical instruments who fills prescriptions for glasses by grinding lenses, fitting them into frames, and adjusting frames to the wearer.

Optometrist - A person who has done advanced study on vision, vision problems, and visual performance. He is licensed by law to examine eyes and vision and to prescribe and provide glasses, contact lenses, and orthoptic training. He uses the initials O.D. after his name.

Phoria - A latent tendency toward crossed eyes. "*Phoria*" is used with a prefix to determine the direction of such deviation (hyperphoria, up; esophoria, in; exophoria, out).

Picture Chart - Chart using symbols which conform to Snellen test sizes and are printed in rows.

Pre-Schoolers - Youngsters below kindergarten age. For screening purposes usually ages 2½, 3, and/or 4.

Professional Vision Evaluation - A complete examination of the visual system by an ophthalmologist or optometrist.

Screeners - A person trained and certified to administer vision screening to children in the school screening program.

Snellen Letter Chart - Chart with a number of letters of the alphabet of specified sizes printed in rows.

Strabismus - Failure of the two eyes to direct their gaze at the same object because of muscle imbalance; crossed-eyes or wall-eyes.

Tropia - A manifest or observable deviation of the eyes from normal position for binocular vision. "*Tropia*" is used with a prefix to denote a type of strabismus, as heterotropia, esotropia, exotropia.

20/20 Vision - The ability to correctly perceive an object or letter of a designated size from a distance of 20 feet; normal visual acuity.

Vision Screening - A procedure for detecting possible abnormality of the visual system with referral for correction, treatment, or appropriate school placement. This identification of possible vision problems shall not be considered diagnostic.

Visual Acuity - Sharpness of central vision for detail, as in reading. *Central visual acuity* - Ability of the eye to perceive the shape and form of objects in the direct line of vision.

Visually Impaired Children (for purpose of special education) - Those children who are defined as blind or partially sighted in the Alaska Department of Education Special Education Handbook.

RECOMMENDED

ALASKA
HEARING SCREENING STANDARDS

OCTOBER 1980

DEVELOPED BY THE VISION/HEARING SCREENING COMMITTEE
OF THE
GOVERNOR'S COUNCIL FOR THE HANDICAPPED AND GIFTED

TABLE OF CONTENTS

PAGE

1.0 INTRODUCTION.. 1

2.0 SCREENING... 2 - 3

3.0 REFERRALS... 4 - 9

4.0 RECORDKEEPING, REPORTING AND FORMS..............10 - 11

5.0 PERSONNEL AND TRAINING..........................12 - 13

6.0 MATERIALS AND EQUIPMENT.........................14 - 15

FORMS

APPENDIX

A BEHAVIORAL OBSERVATION

B HEARING SCREENING WORKSHEET

C AUDIOLOGIC THRESHOLD FORM

D AUDIOLOGICAL/MEDICAL REFERRAL FORM AND PARENT NOTIFICATION OF HIGH FREQUENCY LOSS FORM

E ANNUAL SCREENING REPORT FORM

F POSITION DESCRIPTIONS

A. Audiologist

B. Hearing Screening Aide (Proposed)

C. Other Health Care Personnel

1.0 INTRODUCTION

The State of Alaska is committed to the belief that each child has the right of an equal opportunity to a quality education. It has been shown that there is a relationship between a child's physical well-being and his or her readiness to learn. Since a good deal of learning is obtained by auditory means, hearing difficulties may adversely affect a child's school adjustment. High quality hearing screening programs identify those children who need diagnostic attention by a physician and/or an audiologist in order that their hearing loss is treated and/or corrected to the best possible status. Effective screening involves implementing uniform policies and methods by trained personnel using appropriate equipment; and adhering to well organized referral; follow-up; and reporting procedures. Programs of high quality can be established through the cooperative efforts of (1) school personnel, i.e., school nurses, educational audiologists, communicative disorders specialists, teachers, teacher aides; and (2) health personnel, i.e., public health audiologists, public health nurses, community health aides, and physicians.

Two things need to be emphasized in screening programs: The first is that screening procedures are not intended to be diagnostic. It is improper to conclude that persons who fail screening procedures have hearing loss. Screening selects the population that needs further, more refined evaluations. The audiological/medical process which follows screening provides the identification of hearing loss as well as diagnostic and habilitative information. Secondly, the educational and communication implications of hearing loss need to be balanced with the medical implications. "Too often the sole goal is referral of medical needs of those who fail screening procedures".

Objectives of a School Hearing Screening Program are;

1. To identify the children who may have hearing problems.

2. To inform parents of each child who fails the screening and subsequent threshold testing of the possibility of a problem and to recommend to the parents, when appropriate, that audiology and/or physician's examinations and care be sought for children with possible hearing deficits.

3. To pursue the matter until the appropriate evaluation and/or treatment is instituted.

4. To refer children who have a hearing deficit, (as identified by an audiologist or physician), for evaluation of the educational and communication implications of the hearing loss.

5. To inform the child's teacher of the hearing difficulty.

6. To maintain records of the status of children referred to insure that needed services are obtained whenever possible.

7. To maintain records of the overall screening program activities and complete and transmit as required annual reports of this activity at the close of each school year.

2.0 SCREENING

Screening audiometry involves testing in an abbreviated way, large numbers of pupils, resulting in the ready identification of those who have hearing sensitivity within normal limits and those tentatively identified as having hearing problems.

With respect to the number of professionals and paraprofessionals, equipment, time and financing available, an effective annual screening program should be initiated for the target populations described below:

2.1 POPULATIONS TO BE SCREENED

It is recommended that screening be provided for the following students on an annual basis.

2.1.1 Grades K, 1, 2, 3, 7, 11.

2.1.2 All Special Education students with conditions associated with a high prevalence of hearing loss.

2.1.3 New students.

2.1.4 Referrals from teachers and outside sources.

2.1.5 Preschool students.

Preschool children should be screened by technicians having special emphasis in this area or by school nurses, public health nurses, audiologists and communicative disorders specialists similarily trained. Supervision should be provided for screening by a fully qualified audiologist to insure valid results.

School districts are not required to screen preschoolers until school entry. Other agencies who are involved in screening children of this age should adhere to these standards.

2.1.6 Waivers

A child is exempt from screening or testing if a parent, guardian or person in loco parentis of the child presents a written statement or has given verbal notification to the administrator of the child's school that the parent does not wish the child to be screened.

2.2 TYPES OF SCREENING

2.2.1 Observations of Behavior

Certain behavior characteristics of the hearing impaired student may alert the teacher, parents or health personnel to possible hearing loss. A list of these observations is included in the Appendix.

3.0 REFERRALS

Referral procedures should be tailored to the specific locality in which the students reside. The referral for audiological, medical and rehabilitation should be initiated and monitored by the school district however, ultimate responsibility for follow through rests with the parents. It is important therefore to involve the parents in the process at the earliest possible time. A referral plan should be developed cooperatively with medical, audiological and educational entities in the area prior to the initiation of screening activities. This plan should be made available in written form so that all parties are familiar with the process and criteria for referral.

3.1 AUDIOLOGIC REFERRALS

3.1.1 Criteria for Audiologic Referral

Students should be referred for audiologic evaluation when any one of the following circumstances exist.

3.1.1.1 Puretone screening tests have been failed twice.

3.1.1.2 Impedance/immittance screening indicates persistant negative middle ear pressure, a persistently non-compliant ear drum or a large canal volume.

3.1.1.3 The student has a known hearing loss and is in need of recheck.

3.1.1.4 An audiologic evaluation has been requested by a Child Study Team, a health services provider or parent.

3.1.2 Purpose of Audiologic Evaluation

An audiologic evaluation provides minimal hearing sensitivity results for those pupils who failed the screening tests. Specialized tests such as bone conduction, speech audiometry, site of lesion, hearing aid evaluation, etc. and materials appropriate to the diagnostic process should be employed by audiologists.

Among the reasons for complete audiologic evaluation are:

3.1.2.1 Case finding to prevent the growth of diseases and conditions that lead to hearing loss.

3.1.2.2 Identification of pupils with hearing defects.

3.1.2.3 Referral for medical examination and treatment to restore hearing when possible.

3.1.2.4 Definition of the type and extent of hearing loss.

3.1.2.5 Monitoring the status of individuals with known hearing loss.

2.2.2 PURE TONE SCREENING - LEVELS AND FREQUENCIES

Pure tone screening at 20 dB for 1000, 2000 and 4000 Hz is required. If no response is obtained at 4000 Hz the level may be increased to 25 dB. Specific procedures for pure tone screening are in the pamphlet "Audiometric Screening - Procedures and Forms" available through the Communicative Disorders Program, Division of Publi[illegible]lth and is included in the Appendix.

2.2.3 IMPEDANCE/IMMITANCE SCREENING**

Impedance screening for middle ear disorders is required for children from preschool to third grade inclusively and for Special Education students as indicated in 2.1.2. This procedure is also useful with populations that are not testable by other means. Determination of the need for this type of testing should be made at the local level jointly by medical, school and speech & hearing personnel. Whenever such screening is conducted the following precaution should be taken:**

A. Medical referral criteria, channels and protocol should be established prior to the initiation of any screening. These should be made available in writing for all participating parties. Individuals doing the screening should be trained and supervised by a certified audiologist.

B. Medical referral protocol should include provision for test/retest prior to referral (at an interval from 4 - 12 weeks) to guard against over referral of transitory problems. (When screening is done with impedance failure results should not be viewed as an obvious reason for immediate medical referral but often as cause for follow-up testing which may or may not result in medical referral or developmental evaluation at a later date.)

C. Impedance screening programs for middle ear pathology may by phased in over a 3 year period to allow screening programs to obtain the necessary instrumentation, training and to develop referral procedures. The efficacy of impedance screening should be evaluated and reported annually for at least the first 3 years of its implementation.

2.4 KNOWN HEARING LOSS

Students with known hearing loss should receive threshold tests of hearing sensitivity annually or on a scheduled periodic basis as needed. A retest schedule for high frequency losses should be established in consultation with the supervising audiologist.

2.5 TEST ENVIRONMENT

It is recommended that space used for screening be made as quiet as possible to insure that high ambient noise does not invalidate screening results. If noise levels are excessive, screening should not be attempted but deferred until a more quiet time or place can be identified.

** See majority and minority report on this issue in Appendix C

3.1.2.6 Aid in planning habilitation and rehabilitation programs for those with chronic or permanent hearing losses.

3.1.3 Procedure for Audiologic Referrals

3.1.3.1 If the pupil still cannot pass the screening test after the second screening, an audiologic evaluation including at least air and bone conduction threshold tests should be accomplished within an additional 7 to 10 day period. All of these tests should be conducted by appropriately trained personnel. (See Section 5.1 and 5.2)

3.1.3.2 If the school district has the services of an audiologist referrals should be made directly to him/her after the second screening.

3.1.3.3 If no school audiologist is available, especially in rural areas, referrals should be made to the community health aide and public health nurse or school nurse who will in turn refer to the Communicative Disorders Program when appropriate.

This model is the preferred procedure to be followed. However, the program which will best serve the pupils in a specific area with the available qualified personnel, both professional and paraprofessional, should be utilized.

3.2 MEDICAL REFERRAL

A medical referral and management protocol should be established and made available in written form prior to the initiation of any screening efforts. The exact referral system employed will depend upon the availability of physicians, nurses, audiologists, physician's assistants etc. The procedure shall follow the same basic format as is depicted on Page 7 however, personnel will vary according to region.

Cases needing prompt medical attention may be so referred without prior audiological evaluation by school or public health nurses as the need indicates.

3.3 REFERRAL FOR EDUCATIONAL PLACEMENT

A child with a hearing impairment may be eligible for special education placement in accordance with the eligible guidelines in the current Alaska Special Education Handbook.

Every child who has been identified as hearing impaired (2 frequency pure tone loss of 20 dBHL or more for the speech range) must be considered to be a possible candidate for educational programs for the hearing impaired. The immediate responsibility of the school system will then be to determine whether educational assessment of each child should take place. A standard district preassessment procedure should be followed. The decision concerning referral for educational assessment should be made in conjunction with the parents and the classroom teacher, on the basis of audiological information and a review of the child's school performance.

If the preassessment process indicates that an educational assessment is advised, the student should be next referred to Special Education for Child Study Team evaluation. With the parents' permission, assessment of the child's educational needs may then take place. This can best be accomplished through the services of an educational assessment team made up of qualified professionals employed by the school system as is required by regulation. It should be emphasized that not all children defined as hearing impaired, above, will require complete educational assessment. Since the [illegible] of mild hearing loss on educational performance has only recently become of interest to researchers, it is not possible to suggest the proportion of these children who will need special education services. The figure may be quite low. However, given the consequences of ignoring significant loss, all children at that hearing level and below should have the benefit of preassessment review.

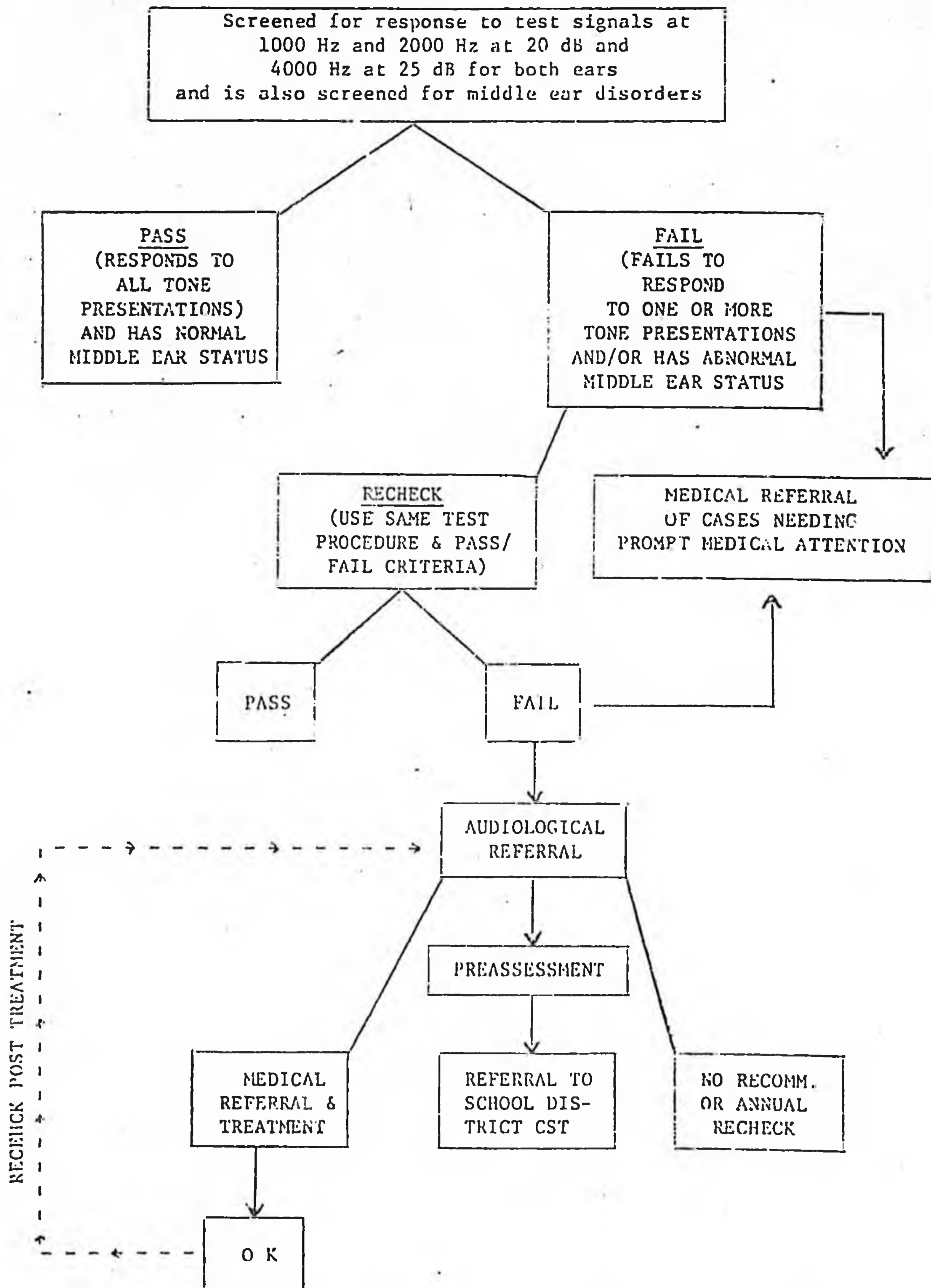
It is important that the audiologist be actively involved in all phases of the educational assessment. This involvement should include the provision of support and consultation to other team members regarding appropriate methods for testing hearing-impaired children, and interpretation of test results.

The needs of some hearing-impaired children can be expected to be more extensive and more complex than those of other hearing-impaired children; however, there is a minimum amount of information which should be collected from and about all children who have been identified as being in need of educational assessment. Therefore, the first task of the Child Study Team should be to collect the baseline information which will enable the team members to answer the following questions:

1. What, if any, support services should be provided for this child?

2. What, if any, changes in educational programming should be made for this child?

PURE TONE SCREENING FLOW CHART AND REFERRAL CRITERIA *



* See pamphlet "Audiometric Screening-Procedures and Forms" available through the Communicative Disorders Program, Division of Public Health for specific procedures.

4.0 RECORDKEEPING, REPORTING AND FORMS

A vital component of the hearing screening program is the recordkeeping and reporting process. The individual in each district who has been designated to coordinate hearing screening activities should also be responsible for recordkeeping and reporting as is stipulated below.

4.1 Confidentiality

Individual screening and testing records shall be confidential as required by district policy. The records shall be available to health agencies to assist in obtaining proper and necessary health and educational care.

4.2 The following forms should be used in the manner recommended below when conducting the hearing screening program.

4.2.1 Reporting observations

At the outset of each school year the information sheet Behavioral Characteristics of Hearing Impaired Children and the Student Observation Form should be distributed to each school in the district. The first sheet is meant to inform teachers of the types of behavior exhibited in the classroom which might indicate a hearing disorder. The second form comes in duplicate and is used for referring those students to the individual responsible for screening. A second copy is to be kept by the teacher for her records. Samples of these forms are in Appendix A.

4.2.2 Recording daily screening activities

The form Hearing Screening Worksheet should be used by the screener to record the daily screening activities. This form comes in duplicate, one to be retained in the screener's file and one to be sent to the individual who will be doing the audiologic follow-up on screening failures. Data from these forms will be used in the Annual Hearing Screening Report submitted at the end of each school year. A sample of the Hearing Screening Worksheet is in Appendix B.

4.2.3 Recording hearing threshold test results

The audiogram currently being used by the Communicative Disorders Program, Department of Health & Social Services is recommended for recording threshold hearing acuity. This form comes in 5 copies. Use of this form and its distribution is detailed on the back of the fifth copy. A sample form is in Appendix C.

4.2.4 Parent Notification of Neded Audiological or Medical Referral

When as a result of threshold testing and/or nursing evaluation it is determined that a complete audiological or medical evaluation is needed the parents should be notified by mail, telephone or by parent conference. Use of the "Recommendations of Audiological Evaluation" form or "Recommendation of Medical Evaluation" form is recommended in urban areas. These letters inform the parent of the reason for the referral and have a "tear off" portion with which the audiologist or doctor can report findings back to the school. The form is in duplicate, one copy to be kept by the referring party. In rural areas notifications will be most effective through parent conference. See form samples in Apendix D.

4.2.4.1 High frequency loss

When high frequency hearing loss has been detected by the audiological evaluation (not by screening alone) and the extent of loss is such that it presents no significant problem with regard to classroom communication the parents must be notified through parent conference or by sending the form Parent Notification of High Frequency Hearing Loss. A sample of this form is in Appendix D.

4.2.5 Exam Results and Recommendations

When the results of medical and/or audiological evaluations are returned to the coordinator of hearing screening, these results should become part of the individuals school health record and certainly should be considered if a child study team is reviewing the child's educational status. Findings should be brought to the attention of the teacher for application in the classroom when necessary.

4.2.6 School Health Records

School health records will exist in varying form from district to district. Entry should be made in the health record whenever the child has failed screening and rescreening tests. The subsequent referral for medical and/or audiological evaluation should be traceable in the record.

4.2.7 Annual Report

During April or May of each year an annual report of hearing screening activities must be completed using the screeners copy of the Screening Worksheet, Parents Referral Form, Parents Notification of High Frequency Hearing Loss, the audiologic tests and medical evaluation as sources of input. A sample of the Annual Hearing Screening Report is included in Appendix E. A copy of this report should also be sent to the Central Office of

Communicative Disorders Program
3401 East 42nd Avenue
Anchorage, Alaska 99504

5.0 PERSONNEL AND TRAINING

5.1 PERSONNEL

State: Coordination and administration of hearing screening at a state level should be the responsibility of the Communicative Disorders Program, Department of Health & Social Services. The Communicative Disorders Program shall develop and conduct training programs, monitor compliance to standards, coordinate screening services performed by various agencies in the state, keep all state records and reports regarding hearing screening, and disseminate information about hearing screening.

Local: The implementation of hearing screening should be the responsibility of superintendent of the school district. The superintendent should designate the management or direction of the hearing screening program to a local health care provider such as a school nurse or public health nurse. This individual should be certified in hearing screening by the Communicative Disorders Program to assure that districts' standards and procedures for follow-up activities are known and followed.

Alaska school districts may employ or contract personnel for this purpose. The screening needs of some districts may be best served by establishing an agreement with the appropriate local public health nurse's office or a regional health agency. The supervisory consultative and clinical audiology services may be provided by the Communicative Disorders Program or on private contract. In managing the hearing screening program the local health care provider should perform the following duties:

a) Arrange a screening schedule and notify all involved.
b) Administer screenings and rescreenings.
c) Notify parents of referrals.
d) Follow-up on referrals.
e) Complete recordkeeping and reporting.

The local health care provider may arrange for approved training for other individuals such as teachers, aides, volunteers (to be known as screeners) to administer the hearing screenings and rescreenings. School districts should make an effort to employ reasonable permanent screeners; persons who understand that they carry screening responsibility over a period of time and thereby have an opportunity to accumulate knowledge and develop necessary skills.

5.2 *Proposed Training and Certification of Screening Aides

It is recommended that the Alaska Communicative Disorders Program develop the curriculum for a training program for hearing screening aides and that this program also establish certification and recertification procedures for such personnel. Including the use of a competency based test. A minimum of 15 hours of training, including practicum is suggested for new screening team members.

A minimum of seven hours refresher training should be provided by or under the direction of an audiologist. Training procedures for hearing screening should be designed to provide personnel with basic knowledge of hearing and its effect on learning and communication, and with technical skills adequate to perform the screening task properly. Training should ensure that screening personnel develop compentencies in:

1. Operation of the screening equipment.
2. Identification of improperly functioning equipment.
3. Instruction-giving.
4. Conditioning techniques.
5. Eliminating inappropriate cues.
6. Proper earphone placement.
7. Evaluating the reliability of responses.
8. Making pass/fail judgements.
9. Identifying the difficult-to-test child.
10. Follow-up procedures.
11. Accurate recording of data.

Additionally, training should include a competency based evaluation of the knowledge and skills acquired by the screening staff to ensure that staff members meet minimum competencies. Reevaluation should be done annually.

6.0 MATERIALS AND EQUIPMENT

Each local education agency should provide and make available for its hearing conservation program the following necessary equipment and materials:

6.1 Pure Tone Audiometers

The audiometric instrumental array shall be capable of performing at least the following procedures: hearing screening, pure tone air conduction threshold tests, bone conduction threshold tests and contralateral masking. It is recommended that effective masking procedure be utilized. All instruments should be calibrated to ANSI 1969 Standards.

6.2 Impedance Audiometers

Instruments for acoustic impedance/immitance screening shall have as a minimum the capability for tympanometry. Manufacturers specifications for equipment selected for use shall meet the recommendations for air pump system, air pressure range, probe tone frequency, frequency level or acoustic reflex eliciting tone. All instruments selected for use within the program will have the same measurement units. Desireable additional features are 1) the ability to test acoustic reflex and 2) pure tone threshold and screening capability.

6.3 Calibration

Audiometers shall be calibrated to current ANSI specifications initially, (ANSI-S3, 6-1969), and recalibrated as needed, at least annually. Daily listening checks shall be performed to determine that aud meters are grossly in calibration and that no defects exist in major components. First level calibration may be provided by the Communicative Disorders Program, Department of Health & Social Services. Contact this program for further information.

6.4 Equipment Costs and Vendors

Pure Tone Audiometers

BRAND	MDL	CAPABILITIES	PRICE	FOB	VENDOR
BLTONE	110	air, bone, narrow bnd masking, (plus case)*	875	CHGO	CORVEK*
MAICO	MA20	air, bone, white noise masking	690	DNVR	TRACOU** STICS
AUDTONE	AU1S	air, bone, white noise masking	585	DNVR	**

Impedance

BRAND	MDL	CAPABILITIES	PRICE	FOB	VENDOR
MDSEN	ZS76	ipsilateral reflex pure tone	1,925	N.Y.	CORVEK*
GRSN STDLR	1722	ipsilateral reflex hard copy (plus case)	1,750	MASS	GS FACTORY***
" "	1725	ipsilateral & contra- lateral plus P/T tstng	1,750	"	" " ***
TELEDYNE	TA3D	contralateral reflex, pure tone	1,850est.		PROMED****
AMRCAN ELECTRO MEDICS	85AR	ipsilateral reflex hard copy	1,990	DNVR	TRACOU** STICS
"	85AR	ipsilateral reflex hard copy pure tone	2,390	DNVR.	" **
AMPLAID	702	ipsilateral auto- matically obtained	2,550	"	" **
"	707	ipsilateral naurally obtained	2,045	"	" **

* Corvek Medical Company
2210 North 45th Avenue
Seattle, Washington 98102

(206) 634-1901

** Tracoustics
8041 West 1-70
Arvada, Colorado 80002

(303) 422-9003

*** Grason-Stadler
573 Great Road
P. O. Box 5
Littleton, Massachusetts 01460

(617) 486-3514

**** ProMed
P. O. Box 1150
Bothell, Washington 98011

(206) 488-0330

*This listing of vendors and equipment does not constitute an endorsement but is the result of a review of instrumentation suppliers who also provide maintenance and repair capability. The survey was done in 1979 so prices and models may not be current.

APPENDIX A

FINDING THE HARD-OF-HEARING CHILD

For Teachers & Nurses

1. OBSERVABLE BEHAVIORS

   (a) Continual inattention and lack of interest in general conversation, retardation or poor grades.

   (b) Failure to respond when called upon.

   (c) Getting directions wrong or not at all.

   (d) Constant mistakes in carrying out directions and in answering questions.

   (e) Repeatedly asking "What did you say?"

   (f) Bewildered expression when directions are being given to class.

   (g) Habitual turning of head to bring "best" ear nearer the speaker.

   (h) Speech symptoms - letter substitutions or omissions, poor voice quality.

   (i) Undue restlessness and evidence of strained nerves; weary and exhausted before day is half over.

   (j) Draws away from the group and shows a tendency to play alone or to become morose and resentful, avoids people.

2. MEDICAL HISTORY OF:

   (a) Ear disease, pain, discharge, operation, medical treatment.

   (b) Noises in the ear, such as roaring or buzzing.

   (c) Disease such as: meningitis, scarlet fever, measles, frequent or severe colds, or chronic mouth-breathers.

NOTE: Any cases in these categories should be reported to the school nurse for the annual hearing test.

STUDENT OBSERVATION REPORT

School____________________ Teacher____________________

Room__________ Grade__________ School Year________ Semester________

Purpose: To identify those students' whose behavior, reports, appearance, or records indicate a need for assistance or service.

DATE OBSERVED	STUDENT NAME	STATEMENT OF OBSERVED PROBLEM	FOLLOW-UP (to be completed by health screener)

This form will be returned to teacher when follow-up is completed, for teacher's information.

When form is returned, information on the students will have been placed on Students' Health Records by health screener.

APPENDIX B

P = Passed
F = Failed
R = At Risk (Retest)

MAIL Copy To REGIONAL [illegible]OGIST

HEARING SCREENING WORKSHEET

NAME		Grade & Room	1st Screening				2nd Screening				Hearing Thres. Date	COMMENTS	Date Ref. to Parents	Info Hea Rec
			Hearing		Immittance		Hearing		Immittance					
Last	First		Date	P/F	Date	P/R/F	Date	P/F	Date	P/R/F				

APPENDIX C

COMMUN... IVE DISORDERS PROGRAM

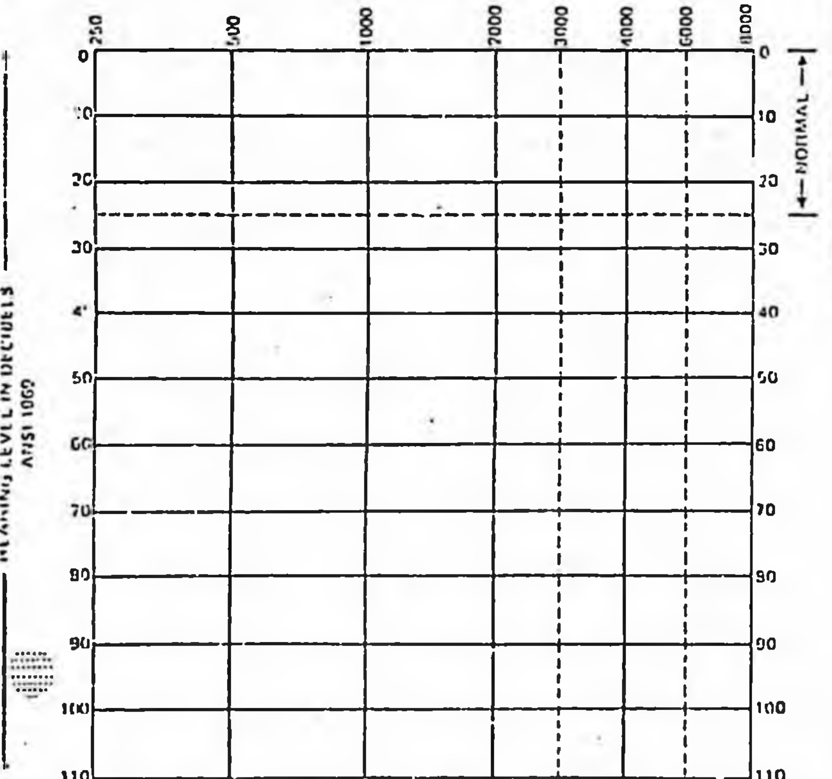
OGC	DELETE/ADD/CO	REGION	COMMUNITY	CLIENT NUMBER

NAME (LAST, FIRST, MIDDLE INITIAL) — Community of Residence/Parent's Name/Phone Number

1. M 2. F 3. Not Stated — 1. WHITE 2. ALASKAN INDIAN 3. ESKIMO 4. ALEUT 5. MIXED NATIVE 6. BLACK 7. OTHER 8. NOT STATED — REFERRAL SOURCE — D.O.B. Mo. / Day / Year

COMMUNITY OF SCHOOL — CODE — GRADE — TESTER — DISCIPLINE: 1. SPEECH & HEARING AIDE 2. AUDIOLOGIST 3. PHN 4. OTHER — TESTING SITE 1. FIELD 2. SOUNDPROOF ROOM

DATE OF AUDIOGRAM Mo / Day / Yr. — TEST VALIDITY 1. GOOD 2. FAIR 3. POOR — RELEASE OF INFORMATION OBTAINED 1. YES 2. NO



MASKING LEVELS — A/C — B/C — Re 0.00 H.L.

SPEECH AUDIOMETRY	SRT	Mask	PB	Mask	SL	MCL	TOL	STENGER
Right			%					
Left			%					
SF			%			____% AT	____ S/N	

AUDIOGRAM KEY	RED R	BLUE L	NO RESPONSE R	NO RESPONSE L
Air Conduction	O—O	X—X		
Bone Conduction	[—[	]—]		

I authorize the release of the results of this evaluation concerning the above person to the agencies circled below and the use of this information in the State Department of Health and Social Services records.

Date ________ Signature ________

RELEASE INFORMATION TO:

A. Community Health Aide
B. Public Health Nurse
C. Service Unit Hospital
D. Private M.D. ________
E. School ________
F. ANMC - ENT
G. Com. Dis. Program/ Sec. Family Health
H. Div of Voc. Rehab.
I. Other ________

AUDIOLOGIC RECOMMENDATIONS

A. Noise Protection
B. H.A. Eval.
C. Speech Eval.
D. Educational Assessment
E. Rehab. Counselling
F. Preferential Seating
G. Developmental Eval.
H. Special Tests
I. Repeat Audio

Mo / Yr.

MEDICAL REFERRAL TO: (Circle no more than three letters.)

A. Community Health Aide
B. Public Health Nurse
C. Service Unit Hospital
D. ENT - IHS
E. Private M.D.
F. Private ENT

OTHER REFERRAL TO: (Circle up to six referrals.)

A. Handicapped Childrens Program
B. Office of Vocational Rehabil.
C. Child Development Services
D. Veterans Administration
E. Medicaid
F. E P S D T
G. AK State Deaf Program
H. Infant Stim Program
I. AK Treatment Center
J. ACCA
K. Head Start
L. School
M. Service Club
N. Communicative Disorders Progm

FOR AUDIOLOGIST USE ONLY

EAR	TYPE	LEVEL	MISC	HEARING AID		IMPEDANCE Type	Reflex
R	CMSFI	NBLMSP		EBGA	GPF		
L	CMSFI	NBLMSP		EBGA	GPF		

RELEVANT HISTORY & COMMENTS

PRE OP - POST OP EVALUATIONS (Circle only one number per ear.)

R	L	
1.	1.	Pre Op: < 1 week prior
2.	2.	Post Op < 1 year
3.	3.	Post Op: 1 to 3 years
4.	4.	Post-Op > 3 Years

FORM 06-1235 REV. 09/78

APPENDIX D

AUDIOLOGICAL/MEDICAL REFERRAL

________________________ School District

(FORM FOR URBAN USE ONLY)

As a result of hearing screening tests at school we believe your child should have:

☐ a complete hearing examination by an audiologist

____

☐ a medical examination

____

Please give this form to the person who examines your child to complete and have them return it to school.

\- -

AUDIOLOGY EXAMINATION

(Fill in form or attach copy of audiogram)

HEARING LEVELS

		250	500	1000	2000	4000	8000
R	air / bone						
L	air / bone						

IMPEDANCE/IMMITTANCE

EAR	TYPE	REFLEX
R		
L		

FINDINGS: Right ____________ Left ____________

RECOMMENDATIONS: (Circle letter)

A. Noise protection
B. Hearing aid eval
C. Speech eval
D. Educ. assessment
E. Rehab. Counseling
F. Preferntl seating
G. Developmtl eval
H. Special tests
I. Repeat audio
Date ________
J. Other ________

Audiologist ____________
Address ____________
Date ____________

RETURN TO:

\- -

PHYSICIANS EXAMINATION

EARS

Canals Right ________ T.M. & Middle Ear Right ________
Left ________ Left ________

NOSE

THROAT

Examiner ____________
Address ____________
Date ____________

RETURN TO:

PARENT NOTIFICATION OF HIGH FREQUENCY HEARING LOSS

____

SCHOOL DISTRICT

To the parents of:____________________________________ Date of Birth__________________

School:____ Date__________________________

Your child appears to have some degree of high tone hearing loss in_______ear(s). This type of hearing loss is commonly caused by noise. Some of these loud sounds are gunshots, loud mechanical noises such as; aircraft, snow machines, high volume rock music, etc. Continued exposure to loud noises can further decrease hearing ability.

Ears may be protected from some of these loud sounds by using ear plugs or wearing ear muffs. You may wish to discuss this problem and the use of hearing protection devices with the school nurse or Public Health Nurse.

We would recommend that your child have a hearing test each year to insure that there has been no change in hearing. This may be done at the school by the school nurse.

Health Screener:____

School:____

APPENDIX E

PLEASE SUBMIT AFTER REFERRALS ARE COMPLETED BUT PRIOR TO SUMMER VACATION

CENTRAL OFFICE
3401 East 42nd Avenue
Anchorage, Alaska 99504

ANNUAL HEARING SCREENING REPORT

SCHOOL ______________ DISTRICT ______________ TESTER ______________ DISCIPLINE ______________

ADDRESS ______________ CITY ______________ AVERAGE ENROLLMENT ______________

GRADE	Number Screened		# of Failures on Each Test After Screening		Totl Refrd For Med. Evaluation	Received Medical Evaluation	Medical Ref. Not Completed	Total Refrd for Audiology	Received Audiology Evaluation	Audiology Ref. Not Yet Completed
	Pure Tone	Impedance	Pure Tone	Impedance						
PreSch										
Sp. Ed.										
K										
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
TOTAL										

Please use reverse side for comments about any phase of your hearing program. They are always welcome.
Shaded areas are recommended for annual screening.

APPENDIX F

APPENDIX F

The following are position descriptions of principal parties who should be involved in the establishment and management of a hearing conservation program including screening efforts. It should be noted that the position of hearing screening aide is not an existing entity at the time of this writing but is proposed by the Vision-Hearing Screening Committee of the Governor's Council for the Handicapped and Gifted. The hearing screening aide position may also assume responsibility for vision screening in the schools thus becoming a Vision-Hearing Screening Aide.

A goal recommended by that committee was that within a five year period that screening aides be providing uniform screening coverage in schools in all areas of Alaska. The accomplishment of this goal will be dependent upon administrative action and fiscal resources.

A. Audiologist

The audiologist shall supervise screening programs, provide diagnostic evaluation of pupils having hearing impairments, and participate in planning and providing special education and/or rehabilitation programs and services for them. In order to perform these duties effectively the audiologist must:

Observe the policies and procedures established by these guidelines including use of standard forms and reporting procedures.

Possess knowledge in the normal development of language and speech and the nature and causes of hearing impairments.

Possess a mastery of diagnostic skills, procedures, techniques, and instrumentation in order to assess and analyze the nature and severity of hearing impairments.

Possess an understanding and mastery of management techniques in providing services and supervising paraprofessionals.

Be effective in working in an interdisciplinary approach.

It is required that the audiologist possess a Certificate of Clinical Competence in Audiology or its equivalent.

B. Hearing Screening Aide (Proposed)

A hearing screening aide shall provide hearing screening and other specific activities as assigned by a supervising audiologist. The major function of the hearing screening aide is to conduct pure tone air conduction screening and impedance screening assessments. The hearing screening aide may also provide pure tone threshold evaluations if done under the supervision of an audiologist. It should be noted that a hearing screening aide shall not interpret test findings or counsel clients regarding the implications of any hearing loss identified except as directed to do so by the supervising audiologist.

It is recommended that the hearing screening aide be certified by the Division of Public Health as having completed the training course required by the Department of Health & Social Services. This certification should be renewed every three years.

The primary duties of the hearing screening aide shall be:

To administer individual hearing screening assessments to pupils in assigned schools.

Under the supervision of an audiologist, to assist in administering pure tone air conduction threshold assessments to all pupils who do not pass the screening tests.

Refer any questions from a teacher, nurse, parent, or administrator pertaining to specific hearing results to the supervising audiologist.

Assume the responsibility for records and reports as locally determined and in compliance with the guidelines presented in Section 4.

When appropriate, to discuss with the supervising audiologist the testing situation (noise encountered, disturbances, etc.) and test procedures (frequencies involved, hearing level, etc.) for a pupil. Diagnostic and prognostic interpretations are the responsibility of the supervising audiologist.

To perform only the duties of a hearing screening aide as outlined by these instructions and such other duties not in conflict with these standards as may be established by the local school district.

C. Other Health Care Personnel

Physicians Assistants, Speech Pathologists, Nurses, and Nurse Practitioners who have completed the necessary training requirements and adhere to the guidelines presented in this document may also provide hearing testing services in the schools to aid in their primary management of the hearing impaired. Services provided in areas of primary care other than hearing testing should be in compliance with the standards for these positions.

APPENDIX G

Majority Opinion:

We favor impetance screening because:

1. It is the most reliable way to identify children with otitas media and monitor this condition to see if referral to a physician is necessary. Pure-tone screening alone frequently misses cases needing identification and treatment.

2. In addition to the medical implications, the educational and communciative implications to this type of hearing loss in children needs to be considered. Children, especially preschool and early elementary age, who are identified through impedance screening and subsequent impedance rechecks to have chronic, reoccuring middle ear pathology frequently can be treated successfully. Many of these children, especially after P.E. tubes have been inserted, show considerable academic/language growth. Parents and teachers of these children often notice immediate improvement in attention span, articulation, receptive and expressive language and the auditory skills needed to succeed in school.

Submitted by Anne Rogers,

RECEIVED
SEP

VISION-HEARING SCREENING COMMITTEE

Minority report on the issue of mandatory impedance/ immittance screening for all preschoolers, K, 1, 2 and 3rd grade:

Requirement of use of this screening technique statewide at this point in time is premature when viewed from the standpoint of documented medical and educational research, from the standpoint of medical management and from the standpoint of technologic and manpower requirements to accomplish this task.

Dr. David Spence
Mr. Tom Buckner

PLEASE NOTE: THE PRECEDING PAGES WERE TREATED AS A UNIT IN THE ORIGINAL DOCUMENT.

POSITION PAPER

HB 464 and HB 465

"Acts relating to vision and hearing examinations in public schools and providing special appropriations..."

OVERVIEW

Periodic examination of school children to detect hearing impairment and vision abnormalities has long been considered a valuable and cost effective preventive health measure. Simple tests can effectively and efficiently screen large numbers of children at minimal cost in order to identify those children who are in need of further corrective medical or remedial intervention. Early identification of hearing and vision abnormalities is critical in order to provide an opportunity for each child to minimize his learning experience.

The initiation of periodic vision and hearing examination of school children has been uniformly supported by the Departments of Education and Health & Social Services, local school districts, public health nurses, Native Corporations, the Governor's Council on the Gifted and Handicapped, and the private medical community. In spite of this widespread support, no uniform program currently exists in the State of Alaska. Recent reports by the Governor's Council on the Gifted and Handicapped and by a Blue Ribbon Committee on Otitis Media and Hearing Impairment strongly recommend legislation to establish a comprehensive program to provide for periodic vision and hearing examination of school children.

With the dramatic rise in health costs in Alaska and in the United States, efforts are increasingly being directed to preventive services and to the use, where possible, of non-medical personnel. Screening examinations which can identify children with hearing impairment or vision abnormalities can be performed effectively, rapidly, and inexpensively by appropriately trained lay personnel. Children who fail the initial screening examination are then referred for further evaluation, diagnosis, treatment, and remediation. A cost-effective program relies upon the use of trained lay personnel. The proposed legislation will allow vision and hearing tests to be performed by lay people who are appropriately trained to conduct the examinations. Periodic screening of all children in Alaska schools will allow for early intervention so that children with readily identifiable and readily treatable impairments can be identified. Children with chronic or permanent impairments will be offered remedial educational programs.

The Department of Health and Social Services will have the responsibility to provide training and certification for persons doing vision and hearing screening and to assist with the needed referral and follow-up services. During its April 22, 1981, regular meeting, the State Board of Education voted unanimously to support the concept of HB-464 and to recommend that Section 2 of HB-465 be amended by making the appropriation to the Department of Health and Social Services rather than the Department of Education.

DISCUSSION

The Department of Health and Social Services attempted to implement this same program by regulation under AS 14.30.065-120. However, the public hearing on that proposal pointed out the need for a statute of this nature, because of the requirement for a physician or nurse to do the examination under existing statute.

In addition to HB 464, p. 1, line 16 of "... ... and Social Services shall set standards for performance of vision and hearing screening, shall train and ... ..." and the addition to p. 1, line 14, of "... ... and at regular intervals as specified by regulation [considered advisable] by the ... ..." would improve the ability of the State to ensure a quality program.

This legislation will enable the screening activities to be conducted in a comprehensive and coordinated fashion, combining the support services of both health and education agencies.

POSITION: With the proposed amendment, the departments support these bills.

Approved by: Helen D. Beirne
Commissioner of Health and Social Services

Date: 4/28/81

Approved by: [signature]
Commissioner of Education

Date: 5/11/81

THE LEGISLATURE OF THE STATE OF ALASKA
TWELFTH LEGISLATURE

FISCAL NOTE

I. REQUEST
Bill/Resolution No. House Bill No. 464
Title An Act relating to vision and hearing screening in public schools
Requested by Commissioner's Office Date 2/9/82

II. FISCAL DETAIL
Agency Affected Department of Health and Social Services
Program Category Affected Health/Public Health
BRU, Program, Or Subprogram(s) Affected Child and Family Health
(Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 82	FY 83	FY 84	FY 85	FY 86	FY 87
100 PERSONAL SERVICES	0	43,250	47,575	52,332	57,565	63,321
200 TRAVEL	0	20,000	22,000	15,000	15,000	15,000
300 CONTRACTUAL	0	5,000	4,000	4,000	4,000	4,000
400 COMMODITIES	0	4,000	4,000	4,000	4,000	4,000
500 EQUIPMENT	0	4,209	3,000	2,000	1,500	1,500
600 LAND & STRUCTURES	0	0	0	0	0	0
700 GRANTS, CLAIMS, ETC.	0	0	0	0	0	0
TOTAL	0	76,459	80,575	77,332	82,065	87,821

FUNDING (Thousands of Dollars)

GENERAL FUND	0	76,459	80,575	77,332	82,065	87,821
FEDERAL FUNDS	0	0	0	0	0	0
OTHER (Specify Source)						

POSITIONS

FULL TIME	1	1	1	1	1	1
PART TIME	0	0	0	0	0	0
TEMPORARY	0	0	0	0	0	0

III. ANALYSIS (See Fiscal Note Preparation Instruction, Section III)

This fiscal note reflects the associated cost of a Public Health Nurse III, Range 18, Vision Health Consultant who will train nurses and paraprofessionals in vision screening skills and in management of the referral and follow-up of children found to be abnormal. This position will be located in Anchorage to minimize the extensive statewide travel requirements. Clerical support can be provided by continued funding of the Communicative Disorders Program, since there are features of hearing and vision screening activities that overlap.

SEE ATTACHMENT

IV. DATE 2/9/82 PREPARED BY David A. Spence, M.D.
AGENCY Dept. of Health & Social Services
PHONE 465-3100

Original: Legislative Finance
cc: Budget and Management
Prime Sponsor (First Legislator Named)

33-001 (Rev. 12/81)

8cc

Add 160 Students for private Schools

House Bill No. 464

100	Personal Services		
	Salary and benefits, Range 18, Anchorage		43,250
200	Travel		
	In-state: 20 week long trips to regional centers throughout Alaska - Typical trip - Anchorage/Ft.Yukon/Anchorage Airfare $286 Per diem X 5 450 $736		
	Average trip= $800 X 20 trips =	16,000	
	Out of State Vision consultant travel to National Assoc. of Blind annual meeting on screening in New York	1,450	
	Hearing consultant to national meeting of hearing screening consultants - ex. Chicago	1,250	
	Guest speaker at an Alaska education meeting to emphasize importance of screening to educators	1,300	
	TOTAL		20,000
300	Contractual		
	Office space 150 sq.ft. X $1.00/sq. ft	1,800	
	telephones and teleconference	1,000	
	printing of materials, manuals	2,200	
	TOTAL		5,000
400	Commodities		
	Purchase of training materials, films, screening supplies, office supplies		5,000
500	Equipment		
	Office furniture - desk, chairs, files	1,500	
	Puretone audiometer	909	
	Slide and film projector and other audio-visual equipment - vision testing equipment	1,800	
	TOTAL		4,209

PLEASE NOTE: THE FOLLOWING PAGES WERE TREATED AS A UNIT IN THE ORIGINAL DOCUMENT

northern alaska health resources association, inc.

February 08, 1982

The Honorable Mike Bierne, Chairman
House HESS Committee
Alaska State Legislature
Pouch V (MS 3100)
Juneau, Alaska 99811

Dear Representative Bierne:

We are writing in support of HB 464, An Act Relating to Vision and Hearing Examinations in Public Schools, and of HB 465, An Act Making Special Appropriations for a Vision and Hearing Screening Program. Both these bills are scheduled to be heard by your Committee this Friday, February 12.

As you may know, the Northern Alaska Health Resources Association (NAHRA) is the health systems agency for northern Alaska. NAHRA operates under a philosophy that prevention or early detection and intervention in health problems are factors important in maintaining good health among Alaskans. We feel that HB 464 provides a significant step in this direction.

NAHRA has formulated numerous goals and objectives in areas of health screening. Of particular relevance to HB 464 are the following:

1. Northern Alaska should experience an annual reduction in the prevalence of untreated eye disease and refractive error by 10% less than the reported number for the preceding year.

2. Northern Alaska should work toward a reduction in the incidence of uncorrected hearing loss resulting from otitis media, upper respiratory infections, and environmental influences.

We feel HB 464 will help in accomplishing these goals, and that the State does have a role to play in screening and prevention of vision and hearing problems, especially among school-aged populations.

529 5th avenue, suite 8 fairbanks, alaska 99701 telephone (907) 456-2553

Susan M. Leitch
1792 Evergreen Avenue
Juneau, Alaska 99801

12 February 1982

Representative Mike Beirne, Chairman
House H.E.S.S. Committee

Dear Mr. Chairman:

I appreciate the opportunity to express my support for HB464 and 465 providing for statewide hearing and vision screening of all public school children. I am a speech/language pathologist employed in a school in Juneau. I have previously worked in this same capacity in Montana and for the Department of Health in Canada. In 1975 I authored a book on the speech and language development of children. Today I represent not only myself but the Alaska Speech, Language, and Hearing Association.

Adequate vision and hearing are the two most important prerequisites for the development of a child's communication skills and his learning through the educational process. The finest educational programs and the best of teachers are not going to be able to communicate information that would be assimilated by a child with an untreated vision or hearing handicap. One of our first educational goals should be to initiate a standardized vision and hearing screening program. This will not only save children from school failure and the extenuating problems but could drastically reduce special education costs through early identification and prevention of learning problems. Legislators may wonder what percentage of the school population may be identified by screening. Information compiled in the last three years on 50,000 school children tested as part of the H.E.A.R. screening program (hearing only) found 16.7% of all children tested needed further hearing evaluations and follow-up. This is a significant proportion of the school population, and it does not include those with possible vision handicaps.

Finally, it is our opinion that for a statewide vision and hearing screening program to be effective, it must have established standardized requirements and guidelines and be conducted by trained screeners in both urban and rural school districts alike. This will necessitate additional funding to school districts to adequately carry out the program. The Alaska Speech, Language, and Hearing Association strongly supports the initiation of a vision and hearing screening program and the funding to carry out such a program.

Thank you for your time and consideration.

Sincerely yours,

Susan M. Leitch

Susan M. Leitch, M.A., CCC-sp.

Alaska State Legislature

House of Representatives

Committee on

Health, Education & Social Services

Rep. Don Clocksin, Chairman
465-3797

Pouch V
State Capitol
Juneau, Alaska 99811

Date: May 20, 1981

To: House HESS Committee Members

Fr: Rep. Don Clocksin, Chair
House HESS Committee

Re: HB 464 - Vision and Hearing Examinations in Public Schools

I requested that staff work with the Department of Health and Social Services to come up with a committee substitute for HB 464 - relating to vision and hearing examinations in public schools.

You will recall that the Committee wanted to incorporate vision and hearing examinations as part of the required physical examination for children entering school. Section 1 of the attached CS accomplishes this task.

Additionally, the Committee wanted trained lay people to be able to administer the exams. Section 2 accomplishes this.

CS FOR HOUSE BILL NO. 464 (HESS)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWELFTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act relating to vision and hearing examinations in public schools; and providing for an effective date."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

* Section 1. AS 14.30.070(a) is amended to read:

(a) The governing body of each school district shall provide for and require a physical examination of every child attending school in the district. The physical examination includes, but is not limited to, vision and hearing examinations. The examination shall be made when the child enters school or, in an area where no physician resides, as soon thereafter as is practicable, and thereafter at regular intervals considered advisable by the governing body of the district.

* Section 2. AS 14.30.070(c) is amended to read:

(c) Physical examinations shall be made by a competent physician, except that if the services of a physician cannot be obtained or if authorized by the Commissioner of Health and Social Services examinations may be made by a nurse. VISION AND HEARING EXAMINATIONS REQUIRED UNDER AS 14.30.070(a) SHALL BE MADE BY A COMPETENT INDIVIDUAL AUTHORIZED BY THE COMMISSIONER OF HEALTH AND SOCIAL SERVICES TO PERFORM SUCH TESTS.

* Section 3. AS 14.30.070 is amended by adding new subsections to read:

(e) The Department of Health and Social Services shall train and certify public health nurses and school district employees and volunteers to conduct hearing and vision screening tests, assist with referral and follow-up of children needing professional examination or treatment, and assist with maintenance and repair of screening equipment.

(f) The Department of Health and Social Services shall pay school districts for vision and hearing screening examinations. Payment shall be based on the cost per child for each examination.

* Section 4. This Act takes effect July 1, 1981.

4501 #1 Arctic Blvd.
Anchorage, Alaska 99503
(907) 276-6927

May 4, 1981

Mr. Donald E. Clocksin
House of Representatives
Pouch V, State Capitol
Juneau, Alaska 99811

Honorable Representative Clocksin:

This is an urgent plea to move HB 464 out of committee with the following amendments:

1) Section 1 (a) Eliminate the last of the final sentence after the word 'intervals', so that the sentence reads: "The examination shall be made when the child enters school or as soon thereafter as it is practicable, and at regular intervals."

This leaves leeway for negotiations between the school district and the Department of Health, not just left to the discretion of the school district.

2) Section 1 (b) Add the words 'and volunteers' to the first sentence between the words 'employees' and 'to', so that the sentence reads: "The Department of Health and Social Service shall train and certify public health nurses, school district employees and volunteers to conduct hearing and vision screening tests, assist with referral and follow-up of children needing professional examination or treatment, and assist with maintenance and repair of screening equipment."

This allows trained aides to help with this screening. Some bush districts would not be able to carry out this screening with their available personnel and would have the option of using trained lay persons.

3) Section 1 (c). Add to the end of the last sentence 'upon verification of DHSS of completion of screening of vision and hearing.', so that the last sentence reads: "Payment shall be based on the cost per child for each examination upon verification to the Department of Health and Social Service of completion of screening of vision and hearing."

JAMES H. PATTERSON, M.D.
Diseases and Surgery of the Eye
Subspeciality Pediatric Ophthalmology
3500 LATOUCHE
ANCHORAGE, ALASKA 99504

Telephone 907: 274-2252

Ginna

April 14, 1981

Rep. Don Clocksin, Chairman
HESS Committee
Pouch V
Juneau, Alaska 99811

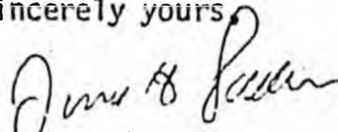
Dear Rep. Clocksin:

I am very much in support of HB 464 and HB 465 regarding vision and hearing screening programs. If correctable visual disorders are to be effectively treated they must be discovered in the early visual formative years, that is between birth and ages 8 or 9 years. Vision screening is an absolute must, as it is the first and most vital step in the treatment of visual problems.

I feel that these bills can be strengthened by stating the frequency of testing as well as the specific screening tests to be employed. The wording and context should be that of the policies of the Department of HESS and the Governors Council on Visual and Auditory Impaired. Some provision also needs to be added to allow volunteers to be trained and to serve as screening personnel. The results of all screening should be reported to a central data base so that meaningful data can be accumulated.

I would like to offer my services to you and your committee. It would be an honor to assist in establishing such a worthwhile program for the children in the state of Alaska. Enclosed is a copy of the booklet that I have prepared to assist those persons around the state who are performing such examinations. The goals and expectations as well as methods of screening programs are delt with in great detail.

Sincerely yours,



James H. Patterson M.D.

JHP:plz
cc: Rep. Sam Cotton

This would be a needed incentive to have reports sent to DHSS so proper follow-up aid could be established to help those children who have been found to be in need of further service. It would be unwise to make payment until the screening was completed to assure the work had actually been done.

I would also urge the passage of HB 465 as it stands to fund the above bill.

Sincerely,

Margery L. Robinson, Ed.D.
Psychologist
Alaska License #AA0135

NEA - ALASKA

AFFILIATED WITH THE NATIONAL EDUCATION ASSOCIATION

Don Oberg, President

JUNEAU OFFICE
147 S. FRANKLIN, #207
JUNEAU, ALASKA 99801
PHONE: (907) 586-3090

ANCHORAGE REGIONAL OFFICE
1411 WEST 33rd
ANCHORAGE, ALASKA 99503
PHONE: (907) 274-0536

FAIRBANKS REGIONAL OFFICE
825 COLLEGE ROAD
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Juneau, Alaska 99801

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Box 1043
Sitka, Alaska 99835

Nicki Shelton
Region I Director
Box 101
Hoonah, Alaska 99829

Graham Ward
Region II Director
Box 23
Glennallen, Alaska 99588

Frank Parker
Region III Director
Box 2533
Kodiak, Alaska 99615

Jean Robb
Region IV Director
Box 193
Kotzebue, Alaska 99752

Gayle Harbo
Region V Director
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Region VI Director
Box 461 SRA
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Lee Wilson
Region VI Director
SRA Box 845
Anchorage, Alaska 99502

Lori Sears
Region VI Director
SRA Box 381B
Anchorage, Alaska 99507

Hal Rohlman
Region VI Director
2735 Kobuk Circle
Anchorage, Alaska 99504

Virgle King
Director at Large
4010 Birch Way
Fairbanks, Alaska 99701

February 9, 1982

Honorable Michael F. Beirne
House of Representatives
Pouch V
Juneau, Alaska 99811

RE: HB 464 and HB 465

Dear Mike,

NEA-Alaska is in support of HB 464 and HB 465.

We believe hearing and vision screening made early in a child's educational career will greatly help diagnose potential learning handicaps of certain children thus enabling corrective measures.

Thank you for your consideration of this very serious issue.

Sincerely,

Don Oberg
President

DO:tr

JAMES H. PATTERSON, M.D.
A Professional Corporation
Subspecialty Pediatric Ophthalmology
3500 LA TOUCHE
ANCHORAGE, ALASKA 99504

February 4, 1982

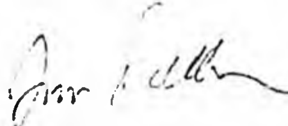
Representative Mike Beirne
Pouch V
Juneau, Alaska 99811

Dear Mike:

I understand that the vision screening legislation is coming up before your committee shortly with House Bill 464 and 465. I think that this vision screening legislation represents a good start in strengthening our present programs. It surely is in Alaska's best interest to detect eye anomalies at an early age when the chances of effective treatment and cure are much more likely.

I would be more that happy to answer any questions that you or your committee members might have concerning vision and I would earnestly solicit your support for this legislation.

Sincerely yours,



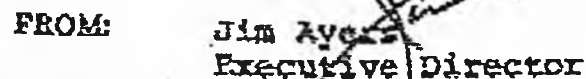
James H. Patterson M.D.

Rural Alaska
Community Action Program, Inc.

P.O. Box 3-3908, Anchorage, Alaska 99501 • (907) 279-2511

TO: Legislative Affairs

DATE: February 11, 1982



FROM: Jim Ayers
Executive Director

SUBJECT: HB 464 and 465

Please telecopy this letter to the following people:

Senator Terry Stimson
Representative Terry Martin
Representative Bette M. Cato
Representative Hugh Malone
Representative Sally Smith
Representative Michael F. Bierne

Thank you for providing this service. An original letter has also been sent.

It is my understanding that you intend to hold a hearing on House Bill 464 and 465 on Friday, February 12th. We appreciate this opportunity to comment. We applaud the efforts of Representative Zharoff in addressing the needs of children of Alaska. Our concern in this particular legislation (i.e., 464 and 465) is that we are once again excluding pre-school children.

We must begin to consider the needs of young children, if we are truly committed to prevention rather than management by crisis. I would like to know specifically if there has been input from Dr. Middaugh, the state epidemiologist, on this matter. The state had a Blue Ribbon Committee on hearing screening and ear disease a year ago. It was a very involved, hard-working committee that developed and produced a very elaborate report and recommendation regarding hearing screenings. It would benefit the HESS Committee of both Houses to review that Blue Ribbon Committee report and consider the recommendations therein and make appropriate amendments.

This is a precedent that is being established here. It is beginning to allow our cumbersome bureaucracies to work together in addressing some important needs of the young child. I believe that it is imperative that we do this in a positive and professional manner. I would conclude with imploring your assistance in getting the state to realize that young children between the ages of 0 and 5 are human beings with needs and should be included in this type of legislation.

Recommendations:

1) That children enrolled in Head Start programs be included:

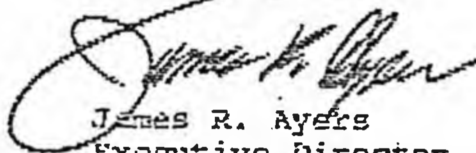
i.e., Bill 464, line 13

...when the child enters school "or Head Start"... or

2) That the full recommendations of the Blue Ribbon Committee be reviewed.

Please contact me if you have any comments or questions.

Sincerely,



James R. Ayers
Executive Director

cc: Senator Terry Stimson
Representative Terry Martin
Representative Bette M. Cato
Representative Hugh Malone
Representative Sally Smith

JAY S. HAMMOND, GOVERNOR
STATE OF ALASKA

GOVERNOR'S COUNCIL FOR THE HANDICAPPED AND GIFTED
UNIVERSITY PLAZA OFFICES WEST • SUITE C • 600 UNIVERSITY AVENUE • FAIRBANKS, ALASKA 99701
PHONE (907) 479-6507

June 5, 1981

RECEIVED
J. Y 9 1981
Section of Family Health
Juneau, Alaska

Representative Don Clocksin
Chairman, House HESS Committee
Pouch V
State Capitol
Juneau, Alaska 99811

Dear Representative Clocksin,

The Council has reviewed a rough draft of a proposed Committee Substitute for HB 464 regarding hearing and vision screening of school children. Our suggested revisions to the proposed committee substitute are attached.

The Council established a Vision and Hearing Screening Committee in 1979. This committtee, comprised of physicians, nurses, vision and hearing specialists, representatives of the Department of Health and Social Services and Department of Education, school superintendents, teachers, and Head Start personnel, surveyed present screening practices in the state and developed proposed standards and guidelines for vision and hearing screening.

The committee found that screening practices varied greatly, that personnel conducting the screening were not necessarily trained to conduct screening and that screening procedures and equipment were inadequate to routinely detect vision and hearing problems which resulted in educational problems. The committee verified the fact that screening results were often not communicated to classroom teachers or to parents, and that needed re-screening and referral for medical examination and treatment was done rather haphazardly.

The committee therefore recommended that the Council and the Department of Health and Social Services seek legislation requiring screening of all school-age children in accordance with standards and guidelines approved by the Department.

Since screening may be done properly by individuals who have received two days of special training, and since only seven school districts in the state have school nurses, the committee recommended that the Department of Health and Social Services institute a training and certification program for screening personnel or volunteers. Based on cost figures from other states, it was determined that screening program costs would be $3 per screening event per child. It was also determined that a successful program includes the services of a vision/hearing screening specialist to train and certify local personnel, assist with referral and follow-up of children who fail the screening, and assist with purchase, maintenance and repair of screening equipment.

The Council believes that the screening programs which will result from passsage of HB464 or from the proposed committee substitute will benefit all Alaskan children and reduce educational failure resulting from vision and hearing difficulties which can be treated successfully if they are detected early.

HB 464

SUGGESTED COMMITTEE SUBSTITUTE LANGUAGE FOR HOUSE HESS

VISION/HEARING SCREENING

FROM: Governor's Council for the Handicapped and Gifted

DATE: June 5, 1981

COUNCIL POSITION: Because of the likelihood that amendment to the present school physical examination law may result in airing of controversies and inadequacies of the present law, A.S. 14.30.070, and because the Council believes that screening should not be confused with physical examinations, the Council would prefer addition of a new section on screening as proposed in the original HB 464.

If the HESS Committee chooses to amend AS 14.30.070 rather than add a new section, the Council would suggest consideration of the following language:

SEC. 14.30.070. Physical examination required. (a) The governing body of each school district shall provide for and require a physical examination of every child attending school in the district. The physical examination includes but is not limited to hearing and vision screening. The examination shall be made when the child enters school, or in areas where no physician resides, as soon thereafter as is practicable, and thereafter at regular intervals.

(b) The Department of Health and Social Services may require the district to conduct additional physical examinations which it considers necessary, and may reimburse the district for additional examinations on the basis and to the extent the commissioner of health and social services prescribes by regulation.

(c) Examinations shall be made by a competent physician, except that if the services of a physician cannot be obtained or if authorized by the commissioner of health and social services, examinations may be made by a nurse. Hearing and vision screening may be conducted by someone other than a physician as authorized by the commissioner of the department of health and social services.

(d) The Department of Health and Social Services shall train and certify Public Health Nurses and school district employees and volunteers to conduct hearing and vision screening, assist with referral and follow-up of children needing professional examinations or treatment, and assist with maintenance and repair of screening equipment.

(e) The Department of Health and Social Services shall pay school districts for hearing and vision screening conducted in accordance with regulations promulgated under A.S. 14.30.065. Payment shall be based on a rate per child for each screening as determined by the Department of Health and Social Services.

4. This act takes effect July 1, 1981.

A copy of the Vision and Hearing Screening report and recommended standards/ guidelines will be sent to you under separate cover. Please contact me if you need additional information.

We appreciate your careful work on this proposed legislation. We have enjoyed working with you and members of your staff this legislative session and look forward to working with you in the future.

Sincerely,

John Nuttall

John Nuttall
Chairman-elect
Legislative Committee Chairperson

cc: Representative Zharoff

bcc: D. Behr
D. Spence
D. Canterbury
J. Brodie

ALASKA FEDERATION OF NATIVES, INC.

Integrity, Pride in Heritage, Progress

LETTER OF CERTIFICATION

This is to certify that the Alaska Federation of Natives Human Resources Committee reviewed SCS CS HB 809, providing expanded functions for Dental Hygenists, and unanimously passed a motion to support this Legislation.

This action took place at a regular meeting of the Alaska Federation of Natives Human Resources Committee held in Juneau, Alaska, April 4, 1978.

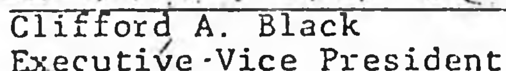
We strongly urge the Legislature to support this Bill when it comes to a floor vote.

Attempts to ammend this Bill may be made to allow for general supervision in only the rural areas of Alaska. It is imperative that general supervision be retained for the urban and rural areas of Alaska

CERTIFIED AS A TRUE AND CORRECT COPY

REFLECTING THE MINUTES OF THE AFN/HRC

MEETING HELD IN JUNEAU APRIL 4, 1978



Clifford A. Black
Executive Vice President

550 WEST EIGHTH AVENUE ANCHORAGE, ALASKA 99501 ∘ PHONE (907) 274-3611

PLEASE NOTE: THE PRECEDING PAGES WERE TREATED AS A UNIT IN THE ORIGINAL DOCUMENT.