

2020-2021 SCHOOL YEAR



PLEASE NOTE: Children should not be excluded from attending school if they don't have the required Hearing and Vision Screening. MDHHS has started the process to allow leniency with the Kindergarten entry requirements, and Frequency of Screening as stated in the Rules associated with Part 92, Public Act 368 of 1978. As well as, leniency for the MCIR reporting Deadline of November 1, 2020. Notification will be sent as soon as a signed Executive order has been enacted.



Allegan County Health Department is committed to best practices for conducting hearing and vision screening, which necessitates in-person contact between the screener and the child. As always, our consideration of staff and student safety stand at the fore front. Hearing and Vision screenings may look different, so we can accommodate each school appropriately. Since many schools have different options we will review availability of space and resources as we schedule schools for the 2020-2021 school year.

- Priority will be given to schools that were unable to be screened last year due to Covid-19 School closures.
- ACHD will screen Kindergarten vision for those students who have not been screened prior to entrance.
- ACHD Hearing and Vision Technicians will adhere to the MDHHS Infection Control and Cleaning guidance during screenings.

Documents you will need:

School Scheduling form

Opt Out Form

Allegan County Health Department Clinic Schedule

SCHEDULING YOUR SCHOOL

- 1) Complete your school scheduling form.
- 2) Email or fax form back to ACHD.
- 3) A Hearing and Vision Technician will consult with you about scheduling.
- 4) You will receive a confirmation email for your screening.

ALLEGAN COUNTY HEALTH DEPARTMENT
3255 - 122nd Ave., Suite 200, Allegan, MI 49010

Office Administration: (269) 473-3412
Epidemiology Department: (269) 473-3412
Respiratory Services: (269) 473-3412

Communicable Disease: (269) 473-3412
Developmental Health: (269) 473-3412
Respiratory Services: (269) 473-3412

Scheduling Form for Vision/Hearing

School District: _____ School: _____

Contact Person: _____ Phone: _____ Email: _____

Start time: _____ End Time: _____ Date of Screening: _____

Qualifies with Hearing (yes/no/medical alert)? If "No" Name: _____ Grade: _____

Put # NUMBER OF STUDENTS (per classroom) Screening for both Hearing & Vision

PRE-K	AM/PM	M T W TH F	PRE-K	AM/PM	M T W TH F
PRE-K	AM/PM	M T W TH F	PRE-K	AM/PM	M T W TH F
PRE-K	AM/PM	M T W TH F	PRE-K	AM/PM	M T W TH F
PRE-K	AM/PM	M T W TH F	PRE-K	AM/PM	M T W TH F

Young Flies _____ AM/PM _____ M T W TH F (Any type of junior kindergarten, kick start, etc.)

Young Flies _____ AM/PM _____ M T W TH F

Total: _____

Start Time: _____ End Time: _____

SCHOOL AID SCREENINGS

Screening Vision	1 st	2 nd	3 rd	4 th	Total	
Screening Hearing	K	1 st	2 nd	3 rd	4 th	Total

FAX Back to: (269) 473-3412
Email: ahd@alleganhealth.com or vision@alleganhealth.com
Allegan County Health Department

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Vision/Hearing Screening Waiver

Dear Parent/Guardian,

Since you are the Allegan County Health Department will be performing the following screenings on students:

Vision - 1st grade, 2nd grade, 3rd grade, 4th grade Hearing - K, 1st grade and 2nd grade

If your child is screened and the results are not the "normal" range for one of the screenings, you will be notified by letter. If you receive one of these letters, it is recommended that you take your child to a doctor or optometrist for an evaluation.

If you **do not** want your child to participate in the screenings of his/her grade, please complete this waiver along with the letter and return to 3255-122nd Ave. to the Health Department, and the date for your child's school for their records. This waiver is to be completed each year for each grade level.

If you have any questions regarding the waiver, please call the Allegan County Health Department at 269-473-3412 and ask for Hearing & Vision.

Waiver's Name: _____ Date of Birth: _____ Grade: _____

School: _____ Parent/Guardian's Name: _____ Phone: _____

I DO NOT WISH TO HAVE MY CHILD PARTICIPATE IN THE FOLLOWING SCREENINGS:

VISION _____ HEARING _____

My Child is currently under a doctor's care and was evaluated by Doctor _____
This evaluation date on _____ and resulted in: _____

Parent's Signature: _____ Date: _____

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Fall/Winter 2020-2021 Vision & Hearing Clinic Schedule

Dear Parent/Guardian,

Since you are the Allegan County Health Department will be performing the following screenings on students:

Vision - 1st grade, 2nd grade, 3rd grade, 4th grade Hearing - K, 1st grade and 2nd grade

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VISION _____ HEARING _____

My Child is currently under a doctor's care and was evaluated by Doctor _____
This evaluation date on _____ and resulted in: _____

Parent's Signature: _____ Date: _____

Fall/Winter 2020-2021 Vision & Hearing Clinic Schedule

Friday, October 2, 2020	8:30 AM - 11:30 AM
Friday, November 6, 2020	8:30 AM - 11:30 AM
Friday, December 4, 2020	8:30 AM - 11:30 AM
Friday, February 5, 2021	8:30 AM - 11:30 AM
Friday, March 5, 2021	8:30 AM - 11:30 AM

NOTES: Please call 269-473-3412 to substitute an appointment.
A Vision Waiver is Required for Kindergarten Entry!
FREE VISION SCREENINGS MAY ALSO BE COMPLETED BY:

- The following Health Departments, who have Eye Vision/Hearing screening clinics available by appointment only:
Aldo County: 616-432-7617
Ontonagon County: 616-396-5268
Kalamazoo County: 269-379-5009
Benzie County: 947-380-2668
- Licensed Ophthalmologist/Optometrist

If there are any questions regarding any of the Hearing & Vision clinics please contact Allegan County Health Department at 269-473-3412.

CHECKLIST FOR HEARING & VISION PROGRAM



PRE-K Vision & Hearing

Hearing for Kindergarten, 2nd and 4th graders

Vision for 1st, 3rd, 5th, 7th and 9th graders

The technician will need:

- a room that is “quiet” and can seat at least eight students for the hearing screening.
- a room that has 15 feet of floor space for vision screening of preschool students.
- a map of the school, class schedules, and recess/lunch times.
- to be made aware of any drills, and of any classrooms that have planned time away from the building during our visit.
- class lists which include: parent’s name, student’s name, student’s date of birth, address, and phone number
- class lists for vision screening (grades 1, 3, 5, 7 and 9) are finalized.
- class lists for hearing screening (Kindergarten, 2nd, and 4th graders) are finalized.
- to know if any students are hearing impaired or wear any hearing devices.
- To know if any of your students has a shunt device. The technician should not screen students who have shunts.

The parent/guardian is given:

notification of screening dates. Students should wear glasses/hearing aids on testing days.

- Parents are given the opportunity to provide documentation of a recent screening or to refuse screening.

The teacher is:

- given the screening dates prior to technicians arrival.
- aware that they can request additional screening (hearing/vision), if that is not what is normally screened for the grade.
- aware that hearing and vision screenings will occur anytime during the scheduled school day.



PUBLIC HEALTH CODE HEARING & VISION PROGRAM

Document	Type	Description
Section 333.9301	Section	Free hearing and vision testing and screening programs; publicity
Section 333.9302	Section	Duty of parent, guardian, or person in loco parentis; time and frequency of testing and screening.
Section 333.9303	Section	Program to assist local health departments; establishment and administration.
Section 333.9305	Section	Follow-up treatment; statement; information.
Section 333.9307	Section	Registration of child for kindergarten or first grade; certificate of hearing and vision testing or screening or statement of exemption required; summary of hearing or vision reports; forms; records.
Section 333.9309	Section	Individual testing and screening to determine hearing efficiency.
Section 333.9311	Section	Exemption.
Section 333.9315	Section	Advisory committee; appointment of members; duties; cooperation of department.
Section 333.9321	Section	Rules.
Section 333.9329	Section	Violation as misdemeanor

**PUBLIC
HEALTH
CODE
(EXCERPT)
Act 368 of
1978
Part 93
HEARING
AND VISION**



FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

[GET THE LATEST ON FERPA AT \[HTTPS://STUDENTPRIVACY.ED.GOV/\]\(https://studentprivacy.ed.gov/\)](https://studentprivacy.ed.gov/)

[FREQUENTLY ASKED QUESTIONS](#)

FERPA FOR [PARENTS AND STUDENTS](#), [K12 SCHOOL](#)

[OFFICIALS](#) AND [POSTSECONDARY SCHOOL OFFICIALS](#)

[PROTECTION OF PUPIL RIGHTS AMENDMENT \(PPRA\)](#)
[GUIDANCE AND NOTICES](#)

SCHOOLS MAY DISCLOSE, WITHOUT CONSENT, "DIRECTORY" INFORMATION SUCH AS A STUDENT'S NAME, ADDRESS, TELEPHONE NUMBER, DATE AND PLACE OF BIRTH, HONORS AND AWARDS, AND DATES OF ATTENDANCE. HOWEVER, SCHOOLS MUST TELL PARENTS AND ELIGIBLE STUDENTS ABOUT DIRECTORY INFORMATION AND ALLOW PARENTS AND ELIGIBLE STUDENTS A REASONABLE AMOUNT OF TIME TO REQUEST THAT THE SCHOOL NOT DISCLOSE DIRECTORY INFORMATION ABOUT THEM. SCHOOLS MUST NOTIFY PARENTS AND ELIGIBLE STUDENTS ANNUALLY OF THEIR RIGHTS UNDER FERPA. THE ACTUAL MEANS OF NOTIFICATION (SPECIAL LETTER, INCLUSION IN A PTA BULLETIN, STUDENT HANDBOOK, OR NEWSPAPER ARTICLE) IS LEFT TO THE DISCRETION OF EACH SCHOOL.



CONTACTS:

Amy Locker
Vision & Hearing Technician
alocker@allegancounty.org
269-686-4512

Abby Arias
Vision & Hearing Technician
aarias@allegancounty.org
269-673-5411



WEBSITES:

www.allegancounty.org
Allegan County Hearing & Vision Screening

www.michigan.gov/mdhhs/0,5885,7-339-73971_4911_4912-260177--_00.html
MDHHS Hearing & Vision Screening

www.MICR.org

School and Childcare drop down to:
Education and Training-scroll down to:
Student records
Vision Screening Functions



Michigan schools work collaboratively with the Michigan Department of Health and Human Services (MDHHS) and the Local Health Departments (LHD) to allow Hearing Screening Program technicians to perform screenings in all public, private, and charter schools as well as formal preschool programs.



NOTICE REGARDING CHILDREN WITH DIGITALLY PROGRAMMABLE SHUNTS & OTHER MEDICAL DEVICES THAT CONTAIN MAGNETS

Screenings are performed with portable audiometers and the audiometer headphones have magnets with large field gradients. The headphones have been tested in a professional medical laboratory by Codman, a Johnson and Johnson Company. The results of the tests indicate that children with digitally programmable shunts or other implanted medical devices (pacemakers, Vagus Nerve Stimulators for preventing seizures, Baclofen Pumps for spinal cord injuries, etc.) may be at risk for unintended changes in the device settings because of the magnetic strength.

In order to best protect children, it is imperative that the technicians are informed which children have digitally programmable shunts or implanted medical devices so that hearing screening services are not provided. Parents of children with implanted medical devices who are interested in hearing screening should contact their physician for a referral to an audiologist.





HEARING SCREENING

The Michigan Hearing Screening Program is a three-stage process designed to identify children with hearing loss and/or middle ear dysfunction. Most of the children screened are between 3 and 12 years of age. Over 475,000 children are screened each year in the following way:

- STAGE I: Using a pure tone audiometer, a preliminary screening is performed at the frequencies of 1000, 2000 and 4000 Hertz (Hz) at the intensity levels of 20, 20 and 25 decibels hearing level (DBHL) respectively, in each ear.
- STAGE II: Children referred from Stage I receive a more detailed screening approximately 4 weeks after the initial referral is made. This screening requires the child to respond to 250, 500, 1000, 2000, 4000 and 8000 Hz at the levels of 30, 25, 20, 15, 25 and 40dBHL respectively, in each ear. A child responding appropriately to all of the test tones is considered to be no longer at-risk for hearing loss. If the child fails to respond to just one stimulus presentation, an audiogram (threshold test) is immediately conducted for the octave frequencies 250 through 8000 Hz in each ear. Unmasked bone conduction thresholds are also obtained at 250, 500, 1000, 2000 and 4000 Hz.
- STAGE III: This is the medical referral and final stage of the screening process





Vision Screening

Local Health Departments, in cooperation with the Michigan Department of Health and Human Services (MDHHS), conduct vision screening programs for pre-school (ages 3-5) and school-age children at regular intervals (grades 1, 3, 5, 7, 9). The screening battery is administered by vision technicians who have been trained by MDHHS following the Public Health Code and the Minimum Program Requirements for vision screenings.

The screening battery is in no way meant to be diagnostic. A failure of one or more tests in a screening or an observable symptom results in a referral and may or may not be indicative of an eye problem requiring treatment. Since September 1, 2000, all county health department vision technicians have included the two-line difference test with both the pre-school and school age vision screening batteries. Referral is based upon the failure of one or more tests in the screening battery.



VISION SCREENING PRE-SCHOOL (AGES 3-5) AND KINDERGARTEN CHILDREN

REFERRAL CRITERIA:

VISUAL ACUITY TEST (with LEA Symbols Cards) -inability to correctly read at least 4 of 6 LEA symbols at 20/40 with both the R and L eyes

TWO-LINE DIFFERENCE TEST -inability to correctly read at least 4 out of 6 LEA symbols at 20/25 with only one eye after having read correctly 4, 5 or 6 LEA symbols at 20/40 with both the right and left eyes

STEREO BUTTERFLY (near) -inability to correctly identify the butterfly with the use of polaroid lenses



VISION SCREENING SCHOOL AGE CHILDREN (GRADES 1-9) (USING APPROVED TITMUS SCREENING METHOD)

REFERRAL CRITERIA:

PHORIA TEST Far Point (20 feet) Hyperphoria 1.5 prism diopters Esophoria 6 prism diopters Exophoria 4 prism diopters

VISUAL ACUITY TEST-inability to correctly read at least 4 of 6 Snellen E symbols at 20/30 with both the R and L eyes

TWO-LINE DIFFERENCE TEST-inability to correctly read at least 4 of 6 Snellen E symbols at 20/20 with only one eye after having correctly read 4,5 or 6 of the Snellen symbols at 20/30 with both eyes

PLUS LENS TEST -ability to correctly read at least 4 of 6 Snellen E symbols at 20/20 with either eye while using a +1.75D plus sphere lens



INSTRUCTIONS FOR REPORTING VISION SCREENING IN MCIR

A MCIR Reference Guide

MCIR Vision Screening Functionality

Marking an Individual Record for Vision Screening

- From the General Information Screen in the student's record, under the School/Childcare section, click [Edit Information](#).

General Information

Person: [SUBJECT](#) [My Site](#) [Admin](#) [Reports](#) [Other](#)

Address: [Home](#) [Add Home Information](#) [Status](#) [History](#)

Person Information:

Name: [Name](#) [Number](#) [DOB](#) [Birth Date](#) [11/15/2009](#) [Gender](#) [M](#) [MCIR ID](#) [10255668543](#)

Alias Name: [Alias Name](#) [JMS](#) [Age](#) [3 Years 6 Months](#) [Credits](#) [0](#)

Home Address: [Home Address](#) [Phone](#) [Email](#)

Address: [Address](#) [Street](#) [City](#) [State](#) [Zip](#)

Address: [Address](#) [Street](#) [City](#) [State](#) [Zip](#)

County: [County](#) [State](#) [County](#) [F04000001](#) [Address History](#) [05/15/2012](#)

School/Childcare:

Student ID: [Student ID](#) [Grade](#) [2nd](#) [Report Period](#) [February 2013](#)

Last Physical Date: [Last Physical Date](#) [Language](#) [English](#)

McKinney-Vento Act: [McKinney-Vento Act](#) [Birth Certificate](#) [Vision Screened](#) [Reading](#)

[Take off Profile](#) [Unlock Person](#)

- Click the Vision Screened check box.

Edit School/Childcare Info

Student Info

Student ID: Grade: [Grade](#) [2nd](#) [Report Period](#) [February 2013](#)

Last Physical Date: Language: [Language](#) [English](#)

McKinney-Vento Act Birth Certificate Vision Screened [Reading](#)

[Submit](#) [Cancel](#)

- Click Submit.

Modifying Multiple Records

- From the home screen under the person tab, click Roster.
- From the modify roster screen, click [Modify Roster](#) (shown below).

Roster

Person: [SUBJECT](#) [My Site](#) [Admin](#) [Reports](#) [Other](#)

Address: [Home](#) [Add Home Information](#) [Status](#) [History](#)

Last Name: Search: [Roster Size](#) [3](#) [Modify Roster](#)

Current Period: [Current Period](#) [November 2013](#)

Find grade background indicates a grade not valid for this site. Enter line element rowship pattern.

MCIR ID	Birth Date	MCIR ID	Sex	Grade	PA	IS	Last Eval	Shrout ID
10255668543	11/15/2009	10255668543	M	02			02/01/2013	02013
10255668543	11/15/2009	10255668543	M	02			02/01/2013	02013