Missouri Department of Social Services  
Guidelines for Completing the Vision Screening Annual Report for Children in Public Schools in First and Third Grades.

**Column 2-3: 1st Screening Information**  
**Column 2: Number of students screened** – Enter the number of students screened by grade (1st and 3rd). If this number is less than the number of students enrolled for that grade, then explain the discrepancy under Comments.  
**Column 3: Number passing screening** – Enter the number of students passing all components of the screening (distance, near, Random Dot E).

**Columns 4-5: Rescreen Information**  
**Column 4: Number of students rescreened** – Enter the number of students rescreened related to failing the initial screening. This number should equal column 2 minus column 3. If not, explain under Comments.  
**Column 5: Number passing screening** – Enter the number of students passing the rescreening.

**Columns 6-7: Referral Information**  
**Column 6: No referral at this time** – Enter the number of students NOT REFERRED because they passed the initial screening and/or the rescreening. The number should be equal to columns 3 and 5. If not, enter Comments to explain the difference.  
**Column 7: Referred for comprehensive exam** – Enter the number of students referred for an evaluation. This should be the number of students NOT PASSING THE RESCREENING (subtract column 5 from column 4). If not explain under Comments.

**Columns 8-9: Comprehensive Exam Results**  
**Column 8: Normal (No abnormality)** – Enter the number of students referred for a vision exam receiving a normal result.  
**Column 9: Positive findings** – Enter the number of students who were referred for a vision exam and were found to have a vision deficit or identified a vision problem for the first time. For example, do not enter students with a known vision deficit under the care of a professional eye care provider. Note the number of previously identified children in the Comments. Columns 8 and 9 should equal column 7.

**Columns 10-11: Payment Information**  
**Column 10: Best Fund Voucher** – Enter the number of students completing a referral using a Best Fund Voucher.  
**Column 11: Insurance/Other** – Enter the number of students utilizing private Insurance, Mo HealthNet, or other form of payment for completion of vision referral. Use Comment section as needed to identify Other.