|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **School**  | **School Nurse & Schedule** | **Grades** | **Arrangements** | **Student Nurses** |
| Wed. 2/21School Day8:30 – 12:00 & 1:00 – 2:00**Students bring own penlight and hand sanitizer****Students wear Metro Student Name Badges** | **School Name****Address****Phone**Principal: Teachers by Grade Level and Room:  | School NurseEmailPhone Morning Schedule7:45 Arrive & get badge8:00 Orient & Set-up8:30 – 11:30 ScreenGrade & ClassroomGrade & Classroom Grade & ClassroomGrade & Classroom11:30 – 11:45 Clean-up11:45 Debrief with nurse12:00 LunchAfternoon Schedule12:30 Arrive & get badgeOrient1:00 – 2:00 ScreenGrade & ClassroomGrade & Classroom2:00 – 2:15 Clean-up2:15 Debrief with nurse2:30 LeaveStudents’ Special Needs:  | Grade: # Students:Grade:# Students: 2 V Stations (4 NS)2 H Stations(2 NS)Color Vision: only K males – hearing stationDocument:1 form each student\_\_\_ Nurse will do in advance\_\_\_ SN do when arriveRescreen: Nurse will do. | Vision Screening Location: Hearing Screening Location:AudiometersHave \_\_\_\_Need \_\_\_\_HOVT chart:Have \_\_\_Need \_\_\_SLOAN 10’Have \_\_\_Need \_\_\_Occluders Have \_\_\_Need \_\_\_Color Vision:Have \_\_\_\_Need \_\_\_\_Tape Measure:Have \_\_\_\_Need \_\_\_\_ | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_, LEAD

Email1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Section)

Email3.4.5.6.7. Nursing Instructor:Pat Schoon, Asst. ProfessorPat.schoon@metrostate.edu 651-335-5337 (cell)\_\_\_\_\_\_\_\_\_\_\_, MANE Nursing Student LEADEmailphone |