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| **Date** | **School** | **School Nurse & Schedule** | **Grades** | **Arrangements** | **Student Nurses** |
| Wed.  2/21  School Day  8:30 – 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 Nurse  Email  Phone  Morning Schedule  7:45 Arrive & get badge  8:00 Orient & Set-up  8:30 – 11:30 Screen  Grade & Classroom  Grade & Classroom  Grade & Classroom  Grade & Classroom  11:30 – 11:45 Clean-up  11:45 Debrief with nurse  12:00 Lunch  Afternoon Schedule  12:30 Arrive & get badge  Orient  1:00 – 2:00 Screen  Grade & Classroom  Grade & Classroom  2:00 – 2:15 Clean-up  2:15 Debrief with nurse  2:30 Leave  Students’ Special Needs: | Grade:  # Students:  Grade:  # Students:  2 V Stations  (4 NS)  2 H Stations  (2 NS)  Color Vision: only K males – hearing station  Document:  1 form each student  \_\_\_ Nurse will do in advance  \_\_\_ SN do when arrive  Rescreen: Nurse will do. | Vision Screening Location:  Hearing Screening Location:  Audiometers  Have \_\_\_\_  Need \_\_\_\_  HOVT chart:  Have \_\_\_  Need \_\_\_  SLOAN 10’  Have \_\_\_  Need \_\_\_  Occluders  Have \_\_\_  Need \_\_\_  Color Vision:  Have \_\_\_\_  Need \_\_\_\_  Tape Measure:  Have \_\_\_\_  Need \_\_\_\_ | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_, LEAD   Email   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Section)   Email  3.  4.  5.  6.  7.  Nursing Instructor:  Pat Schoon, Asst. Professor  [Pat.schoon@metrostate.edu](mailto:Pat.schoon@metrostate.edu)  651-335-5337 (cell)  \_\_\_\_\_\_\_\_\_\_\_, MANE Nursing Student LEAD  Email  phone |