

**Required School Screenings**

Guidance Document for Special Educators

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## Introduction

Students enrolled in public schools, including transfers from out of state, must be screened for vision, hearing, scoliosis, fine and gross motor skills, speech, language, and voice. The primary goals of screening are to identify students with unsuspected conditions, implement early intervention or treatment, and reduce the impact that any untreated condition may have on a student’s educational progress.

This document provides references from the *Code of Virginia* or the [*Regulations Governing Special Education Programs for Children with Disabilities in Virginia*](https://www.doe.virginia.gov/home/showpublisheddocument/894) (Regulations) and from the Virginia Board of Education Regulations. Local educational agencies (LEAs) should become familiar with these requirements to understand the flexibility inherent in the provisions and to develop **required** operational procedures consistent with the Regulations. Localities are also encouraged to consult the *Virginia School Health Guidelines* which provide suggested operational procedures.

## Overview

Each LEA is required to have procedures, including timelines and processes for parent notification, to document the screenings of children enrolled in the school division, including transfers from out of state ([8VAC20-81-50 C.1.](https://www.doe.virginia.gov/home/showpublisheddocument/894) and [8VAC20-250-10](https://law.lis.virginia.gov/admincode/title8/agency20/chapter250/section10/) (amended March 2021)).

Screening is defined as those procedures that are used routinely with all children to identify previously unrecognized needs and that may result in a referral for special education and related services or other referral or intervention ([8VAC20-81-10](https://law.lis.virginia.gov/admincode/title8/agency20/chapter81/section10/)). Therefore, when fulfilling its screening requirements, LEAs should **not** exclude all students already identified under the *Individuals with Disabilities Education Act* (IDEA). Information regarding students who can be excluded from required vision and hearing screenings is provided in the Vision Screening and the Hearing Screening sections of this document.

An LEA’s obligation to screen students “enrolled in the division” includes those students attending school in-person or virtually, those placed in schools out-of-district, as well as those receiving homebound or home-based instruction. An LEA is not obligated to screen students enrolled in entities determined to be LEAs themselves (e.g., state-operated programs).

## School Division Requirements

The local school division shall provide the following:

1. Written notice to parents of the scheduled screenings (8VAC20-81-50 C.2.a.)
2. Written notice to parents of the results of failed screenings (8VAC20-81-50 C.2.a.)
3. Confidentiality (8VAC20-81-50 C.2.b.)
4. Maintenance of the student’s scholastic record (8VAC20-81-50 C.2.c.)

## Documentation of Screenings

All student screenings must be documented in the student record via hard copy or digital platform as indicated by [§ 22.1-289](https://law.lis.virginia.gov/vacode/title22.1/chapter14/section22.1-289/). These health records may be recorded in any way, including but not limited to handwriting, print, computer media, video or audio tape, film, microfilm, and microfiche. The *Virginia Public Records Act*, [§ 42.1-77.](https://law.lis.virginia.gov/vacodepopularnames/virginia-public-records-act/), states that a record is defined by its content and not its format as long as the information is documented.

## Records Retention

Health records storage must meet retention guidelines set forth by the Library of Virginia Records Management Department. These records are included in the definition of “scholastic records” found at [§ 22.1-289 A.](https://law.lis.virginia.gov/vacode/title22.1/chapter14/section22.1-289/) Such records may be recorded in any way, including but not limited to handwriting, print, computer media, video or audio tape, film, microfilm, and microfiche.

## Required Screenings

### Vision Screening

All students enrolled in grades Kindergarten, 2 **or** 3, 7, 10, **and** out-of-state transfers, must have their vision screened. Vision screenings may be conducted at any time during the school year; however, the **scheduling** of such screenings shall be completed within **60 administrative working days** of the school year (8VAC20-250-10 and [§ 22.1-273 F.3.](https://law.lis.virginia.gov/vacode/title22.1/chapter14/section22.1-273/)).

#### Exceptions to Vision Screening Requirements:

1. Vision screening results from a comprehensive eye examination performed within the  
   24 months prior to students admitted **for the first time** to public elementary school may be used to satisfy screening requirements (§ 22.1-273 F.1.).
2. Comprehensive eye examination documentation within the preceding **24** **months** may be used to satisfy vision screening requirements for students in grades 7 and 10   
   (§ 22.1-273 G.1.).
3. If a parent or guardian objects to vision screening based on religious grounds, the school division is not required to screen the child’s vision. However, there also must be an absence of evidence of a defect or disease of the eyes as determined by the principal or school division (§ 22.1-273 G.2.).
4. Students with Individualized Education Programs (IEPs) or 504 Plans who are already identified as having a “defect of vision or a disease of the eyes” are exempt from required vision screenings (§ 22.1-273 F.3.).

It is recommended that test results and/or parental objections the school division uses to satisfy required screenings or justify the omission of required screenings be documented in the student’s screening record.

#### Additional Parent Communication or Notification:

1. Parents **must** receive information on:
2. the difference between vision screenings and eye examinations,
3. the importance of taking action on a referral for an eye examination by taking their child to a licensed optometrist or ophthalmologist,
4. the identification of potential vision problems beyond the results or scope of the vision screening, and
5. the importance of vision to a child’s education and success (§ 22.1-273 A.4.).
6. Parents should also be provided with information regarding follow-up resources related to eye examinations and eyeglasses (§ 22.1-273 A.5.).
7. Vision screening **results** are required to be communicated to parents in a relevant and informative format that is designed to increase parental awareness and encourage parental action (§ 22.1-273 A.3.).

#### Additional Division Requirements

School divisions must submit vision screening results for mandated grade levels, including the number of students screened, number of students referred, and the number of students seen by a health care provider for assessment or intervention, to the Virginia Department of Education’s (VDOE’s) Single Sign-on for Web Systems (SSWS) portal by June 30 of each school year   
(8VAC20-250-10).

#### Vision Screening Personnel Qualifications

Minimally, persons conducting vision screenings must be trained and receive certification on vision screening equipment. If using a qualified nonprofit vision health organization[[1]](#footnote-1), LEAs must ensure that the personnel employed by the nonprofit meet certain health-related and clearance standards (§ 22.1-273 A.1.). Any additional qualifications are determined at the local level.

Persons traditionally tasked with conducting vision screenings include school nurses, health staff, nursing students, community civic groups, parent volunteers, teachers, or other school staff who have received instruction and training in proper screening techniques for the sole purpose of identifying students who may need further assessment and evaluation, not for the purpose of diagnosis.

#### Vision Screening Process

Traditionally, assessment of children’s visual acuity includes the use of eye charts in well-lit spaces free from distractions. Directions for the use of an eye chart or device vary based on the chart or device being used. The screener should carefully review screening procedures for the specific chart or device that is being used. The following eye charts are most commonly used in the school setting:

* Sloan Letters Chart (currently the gold standard).
* The HOTV Chart uses the letters H, O, T, and V to measure visual acuity.
* The LEA Symbols (circle, square, apple, and house) Chart is used for young students who do not know or recognize letters but can recognize shapes or symbols.
* Snellen Charts (most commonly used in schools but are not standardized and have unequal spacing).
* Digital photo screener (special needs population may require the use of alternative devices).

Stereoscopic vision screening machines, such as the Titmus vision tester, are no longer recommended.

#### Vision Screening Procedure

Each eye should be tested separately. Prior to testing, perform a visual inspection of the student’s eyes. Inspect the eyes for symmetry of eyelids, size, contour, alignment of the eyeballs, and signs of traumatic injury. If abnormalities are observed, refer to a health care provider for assessment. A student who has corrective eyeglasses should be screened wearing the glasses. Other procedural considerations include:

* Eyeglasses prescribed for reading should **not** be worn when distance acuity is being tested.
* Instruct the student to keep both eyes open during testing.
* Instruct the student to read the letter to which you point.
* Pointing should be done below the symbol or letter.
* With younger students, start with a large line to ensure that the student understands the directions.
* If a student fails the practice line, move up the chart to the next larger line. If the student fails this line, continue up the chart until a line is found that the student can pass. Then move down the chart again until the student fails to read a line.

#### Vision Screening Parameters

To “pass” a line, a student must identify greater than one-half of the symbols or letters on the line correctly. Repeat the above procedure covering the opposite eye.

Students who pass a vision screening must score:

* 20/40 (students 4 to 4.11 years of age or 48 to 59 months), or
* 20/30 **or** 20/32 (students 5 years of age or 60 months and older).

If a student fails the first screening, their vision should be rescreened at a later date in accordance with the school division’s screening procedures. If the student fails the second screening, follow parental notification requirements at (§ 22.1-273 A.3.). If screening results suggest that a referral for evaluation for special education and related services is indicated, the referral shall be made to the special education administrator or their designee (8VAC20-81-50 C.1.f.).

Additionally, whenever a student does not receive a passing screening result and requires referral to an optometrist or ophthalmologist for a comprehensive eye examination, the principal shall notify the parent(s) or guardian(s) in writing (§ 22.1-273 F.3.).

### Hearing Screening

Hearing screening is required for all students in grades Kindergarten, 2 **or** 3, 7, 10, **and**   
out-of-state transfers. Hearing screenings may be conducted at any time during the school year; however, the scheduling of such screenings shall be completed within **60 administrative working days** of the school year (8VAC20-250-10).

#### Exceptions to Hearing Screening Requirements:

* Hearing screening results from comprehensive physicals for students admitted **for the first time** to public elementary school may be used to satisfy the required school screening, as long as the physicals were performed within **12 months prior** to the date of enrollment ([§ 22.1-270 A.](https://law.lis.virginia.gov/vacode/title22.1/chapter14/section22.1-270/) and § 22.1-273 C.1.).
* The school division is not required to screen the child’s hearing if a parent or guardian objects to hearing screening based on religious grounds. However, the student must also show no obvious evidence of any defect or disease of the ears in order to be exempt from hearing screening (§ 22.1-273 C.2.).
* Students with IEPs or 504 Plans who are already identified as having a “defect of hearing or a disease of the ears” are exempt from required hearing screening (§ 22.1-273 C.3.).

It is recommended that test results and/or parental objections the school division uses to satisfy required screenings or justify the omission of required screenings be documented in the student’s screening record.

#### Additional Parent Communication or Notification

Whenever a student is found to have any defect of hearing or a disease of the ears, the principal or LEA shall notify the parent or guardian, in writing, of such defect or disease (§ 22.1-273 E. and 8VAC20-250-10).

#### Additional Division Requirements:

1. A complete audiological assessment, including tests that will assess inner and middle ear functioning, shall be performed on each child who fails two hearing screening tests (8VAC20-81-70 C.14.b.).
2. School divisions must submit hearing screening results for mandated grade levels, including the number of students screened, the number of students referred, and the number of students seen by a health care provider for assessment or intervention, to the VDOE’s SSWS portal by June 30 of each school year ([8VAC20-250-10](https://law.lis.virginia.gov/admincode/title8/agency20/chapter250/section10/)).

#### Hearing Screening Personnel Qualifications

Qualifications for personnel responsible for conducting required hearing screenings are determined by each LEA. Persons traditionally tasked with conducting these screenings include school nurses, health staff, audiologists, speech-language pathologists, or those who have received instruction and training in proper screening techniques for the sole purpose of identifying students who may need further assessment and evaluation, not for the purpose of diagnosis.

#### Hearing Screening Process or Procedure

For populations ages three years (chronologically and developmentally) and older using pure tone screening method:

* Perform a pure tone sweep at the following frequencies: 2000 Hertz (Hz), 4000 Hz,   
  1000 Hz, and 500 Hz; and
* Set the loudness or intensity level at 20 decibels (dBs).

If the location is too noisy to use 20 dBs, a new location must be secured. Hearing screenings should never be conducted at loudness levels or intensities greater than 25 dBs.

#### Screening Parameters

Lack of response at any frequency in either ear constitutes a failure. If this occurs:

* rescreen all failures at a later date per school policy; and
* refer the student to an audiologist or other health care provider if they fail one or more frequencies (Hz) during rescreening.

If screening results suggest that a referral for evaluation for special education and related services is indicated, the referral shall be made to the special education administrator or their designee (8VAC20-81-50 C.1.f.).

### Scoliosis Screening

Each school board or LEA shall provide parent educational information **or** implement a program of regular screening for scoliosis for pupils in grades five through ten ([8VAC20-690-20](https://law.lis.virginia.gov/admincode/title8/agency20/chapter690/section20/)) **and** out-of-state transfers. Processes for notifying parents of students who are identified as having a possible spinal curvature and for parents to opt out of the screening must be included in an LEA’s scoliosis screening procedures ([8VAC20-690-40 B.](https://law.lis.virginia.gov/admincode/title8/agency20/chapter690/section40/)).

* Option 1: Provision of parent educational information on scoliosis for **all** students in grades 5 through 10 and out-of-state transfers within **60 business days** after the opening of school each year.
* Option 2: Implementation of regular scoliosis screening for **all** students in grades 5 through 10 and out-of-state transfers.

School divisions implementing a scoliosis program of regular screening shall screen each student, **in selected grades** 5 through 10, a minimum of **two times** during the **six-year period** except for those students entering the school division **for the first time** during the tenth-grade year who shall be screened once (8VAC20-690-40 C.). **Note:** For example, an LEA may elect to conduct regular scoliosis screenings for all students in grades 5 and 8, thus meeting the provision of conducting the required screenings “two times during the six-year period.”

* There is an additional requirement for the provision of parent educational information for students in grades **not** selected for regular scoliosis screening (refer to the Additional Parent Communication or Notification section). **Note:** Following the example in the above paragraph, the school division would be required to provide educational information on scoliosis to parents of students in grades 6, 7, 9, and 10.

#### Exceptions to Scoliosis Screening Requirements:

1. School divisions shall not be required to screen students in grades 5 through 10 who have been admitted for the first time to a public school and who have been tested for scoliosis as part of the required comprehensive physical examination (8VAC20-690-20 B.).
2. School divisions shall not be required to screen a student if the student’s parents have indicated that they prefer their child not participate in scoliosis screenings. Local school boards shall develop procedures for parents to indicate such preference   
   (8VAC20-690-20 B. and 8VAC20-690-40 B.).

#### Additional Parent Communication or Notification:

1. School divisions implementing a scoliosis program consisting of the provision of parent educational information on scoliosis shall provide such information to the parents of students in grades 5 through 10 within **60 business days** after the opening of school each year ([8VAC20-690-30 A.](https://law.lis.virginia.gov/admincode/title8/agency20/chapter690/section30/)).

* Parent educational information on scoliosis shall include but not be limited to:
* a definition of scoliosis,
* a description of how scoliosis is identified,
* a statement describing why it is important to screen for the condition,
* a description of the types of screening procedures,
* a description of potential treatments for the condition, and
* information on where screening may be obtained ([8VAC20-690-30 B.](https://law.lis.virginia.gov/admincode/title8/agency20/chapter690/section30/)).

1. School divisions implementing a scoliosis program of regularly screening students in grades 5 through 10 shall provide written notice to parents a minimum of **ten business days** prior to screening (8VAC20-690-40 A.).

* The notice shall contain:
  + - information indicating when the screening will occur,
    - the purpose of screening that shall include the parent educational information described in 8VAC20-690-30 B.,
    - a procedure for notifying parents of students who are identified as having a possible spinal curvature, and
    - a procedure for parents to opt out of the screening (8VAC20-690-40 B.).

1. School divisions implementing a scoliosis program of regularly screening students in grades 5 through 10 shall provide parent educational information as required by 8VAC20-690-20 to parents of students in selected grades 5 through 10 who are **not** screened (8VAC20-690-40 D.).

#### Scoliosis Screening Personnel Qualifications

Qualifications for personnel responsible for conducting scoliosis screenings are determined by each LEA. Personnel traditionally tasked with completing these screenings include school nurses, public health nurses, and professional health care volunteers who have been trained to conduct scoliosis screening.

#### Additional Division Requirements

School divisions must provide written notification to parents if a student fails regular or hands-on screening. Additionally, school divisions must maintain documentation as to how they conveyed information on scoliosis screenings to parents, guardians, or adult students as well as the report submitted to the division superintendent on screening outcomes. This information is maintained at the local level.

#### Regular or Hands-on Scoliosis Screening Processes or Procedures

##### Prepare the Screening Area:

* The screening area should be located where the students can change clothing in privacy yet be close to the screening station. Possible sites are the gymnasium, locker room, or health office.
* While screening is in process, the area selected should not be used for any other activity.
* The area selected should be warm, well-lit, and permit screening to be done individually and with privacy.
* The screening stations should be equipped with a chair and desk or table for each screener. Information must be recorded as the screening progresses.
* Tape should be placed on the floor of each station to indicate where the student should stand during screening.

##### Prepare the students:

* Students should remove shoes before screening.
* Boys and girls should be separated and screened individually.
* Boys should remove shirts and wear briefs or gym shorts.
* Girls should be requested to wear shorts and a halter or a bra. Leotards or one-piece bathing suits tend to camouflage the lower spine area and prevent adequate examination.

Prior to screening, all students should be asked if there is a family history of scoliosis.

##### **Every child should be screened in each of the following positions:**

1. Back View:

* The screener should be seated five to eight feet from the tape mark on the floor.
* The student should stand erect with back to the screener, toes placed on the tape, feet together, knees straight, and weight evenly distributed on both feet.
* Arms should be at the sides and relaxed. Students should be encouraged to avoid slouching or standing at “attention.”

1. Forward Bend Test:

* The student should stand with their back to the screener.
* The student should stand with their feet four inches apart, knees straight, and toes even.
* Have student bend over at 90 degrees, with head down and arms in a relaxed position. Arms and palms of hands should be parallel. This provides an opportunity to examine the back, neck, spine, shoulders, and hips for symmetry.

#### Screening Parameters

Referral to a health care provider for further evaluation is based on findings of the screening. This may include asymmetry or unevenness of back, shoulders, spine, and hips; curvature; or other areas of concern as noted by the trained screener. If screening results suggest that a referral for evaluation for special education and related services is indicated, the referral shall be made to the special education administrator or their designee (8VAC20-81-50 C.1.f.).

### Speech, Language, and Voice Screenings

Children shall be screened in the areas of speech, voice, and language to determine if a referral for an evaluation for special education and related services is indicated (8VAC20-81-50 C.1.c.). In addition to out-of-state transfers, school divisions must select and clearly denote in its procedures the ages or grade levels of the students who will undergo speech, language, and voice screenings. School divisions must also indicate timelines within which these required screenings will be completed (8VAC20-81-50 C.). It is recommended that school divisions include the following in their speech, language, and voice screening procedures:

* Additional or local exceptions to speech, language, and voice screenings (e.g., parent objection)
* Criteria for “failures”
* Parameters and timelines for rescreening, and
* Criteria for referral for evaluation for special education and related services

#### Exceptions to Speech, Language, and Voice Screening Requirements

Language or communication screening results from comprehensive physicals for students admitted **for the first time** to public elementary school may be used to satisfy the required school screening, as long as the screenings were performed within **12 months prior** to the date of enrollment (§ 22.1-270 A.).

#### Additional Parent Communication or Notification

There are no additional parent communication or notification requirements beyond those noted at 8VAC20-81-50 C.2.a. However, the LEA is not precluded from incorporating notification requirements in their speech, language, and voice screening procedures that exceed existing regulatory requirements.

#### Additional Division Requirements

There are no additional school division requirements beyond the required documentation and records retention noted earlier (§ 22.1-289). The LEA is not precluded from incorporating additional requirements in their speech, language, and voice screening procedures that exceed existing regulatory requirements.

#### Speech, Language, and Voice Screening Personnel Qualifications

The Regulationsdo not specify the qualification requirements of personnel who provide speech, language, and voice screenings. The school division is responsible for assigning personnel who are appropriately qualified to ensure that the results are valid and reliable.

Recommended practice indicates that screening of early childhood and elementary students should be conducted by a speech-language pathologist or under that person’s supervision and that the screening of middle and high school students be completed by the speech-language pathologist, teacher, guidance counselor, or school nurse. If the LEA designates someone other than the speech-language pathologist to implement a speech-language screening at the middle or high school level, in-service training by the speech-language pathologist is recommended.

#### Speech, Language, and Voice Screening Processes or Procedures

Screening processes or procedures, including the tools used to screen students, under this section are locally determined. At a minimum, speech, language, and voice screenings should be conducted in settings that ensure privacy and minimize distractions. It is also recommended that speech, language, and voice screenings be conducted using screening tools that meet the needs of the target population. Commercially available screening instruments should be reviewed prior to use to ensure their reliability and validity with the target screening population. It is suggested that the speech-language pathologist(s) serving the LEA be contacted for further information on screening instruments.

An efficient and accurate method of screening is to capture the classroom teacher’s information as the initial screening. Students may also be screened by trained volunteers. Any student with one or more “errors” may be rescreened by the speech-language pathologist. Sample informal screening tools designed for classroom teacher completion can be found in the [*Speech-Language Pathology Services in Schools: Guidelines for Best Practice*](https://www.doe.virginia.gov/home/showpublisheddocument/36199)(Revised 2018) on pages 83-85.

#### Speech, Language, and Voice Screening Parameters

The pass and fail criteria for speech, language, and voice screenings are dependent upon the tools the school division uses. Commercially available screening tools have their own scoring guidelines, while scoring guidelines for informal screening tools must be established locally. To ensure continuity across the school division, LEAs are advised to clearly note what these criteria are, including differences across grade levels, in their speech, language, and voice screening procedures.

If screening results suggest that a referral for evaluation for special education and related services is indicated, the referral shall be made to the special education administrator or their designee (8VAC20-81-50 C.1.f.).

### Fine and Gross Motor Functions Screenings

Children shall be screened in the areas of fine and gross motor functions to determine if a referral for evaluation of special education and related services is indicated (8VAC20-81-50 C.1.c.). In addition to out-of-state transfers, school divisions must select and clearly denote in its procedures the ages or grade levels of the students who will undergo fine and gross motor skills screenings. School divisions must also indicate timelines within which these required screenings will be completed (8VAC20-81-50 C.). It is recommended that school divisions include the following in their fine and gross motor skills screening procedures:

* additional or local exceptions to fine and gross motor functions screenings (e.g., parent objection);
* criteria for “failures”;
* parameters and timelines for rescreening; and
* criteria for referral for evaluation for special education and related services.

#### Exceptions to Fine and Gross Motor Functions Screening Requirements

Fine and gross motor functions screening results from comprehensive physicals for students admitted **for the first time** to public elementary school may be used to satisfy the required school screening, as long as the screenings were performed within **12 months prior** to the date of enrollment (§ 22.1-270 A.).

#### Additional Parent Communication or Notification

There are no additional parent communication or notification requirements beyond those noted at 8VAC20-81-50 C.2.a. However, the LEA is not precluded from incorporating notification requirements in their fine and gross motor functions screening procedures that exceed existing regulatory requirements.

#### Additional Division Requirements

There are no additional school division requirements beyond the required documentation and records retention noted earlier (§ 22.1-289). The LEA is not precluded from incorporating additional requirements in their fine and gross motor functions screening procedures that exceed existing regulatory requirements.

#### Fine and Gross Motor Functions Screening Personnel Qualifications

Fine and gross motor functions screenings can be performed by trained classroom teachers, school staff, and volunteers per local school policy.

#### Fine and Gross Motor Functions Screening Processes or Procedures

Fine and gross motor functions screening processes or procedures are determined by local school policy. School divisions may consult the following resources for commercially available screeners for young children:

* [Selected Developmental Screening Tools: A Resource for Early Educators (2015)](https://earlyeducatorcentral.acf.hhs.gov/sites/default/files/documents/Selected%20Developmental%20Screening%20Tools%20a%20Resource%20for%20Early%20Educators.pdf)
* [Birth to 5: Watch Me Thrive! A Compendium of Screening Measures for Young Children (2014)](https://www.acf.hhs.gov/sites/default/files/documents/ecd/screening_compendium_march2014.pdf)

#### Fine and Gross Motor Functions Screening Parameters

The pass and fail criteria for fine and gross motor functions screenings are dependent upon the tools the school division uses. Commercially available screening tools have their own scoring guidelines, while scoring guidelines for informal screening tools must be established locally. To ensure continuity across the school division, LEAs are advised to clearly note what these criteria are, including differences across grade levels, in their fine and gross motor functions screening procedures.

If screening results suggest that a referral for evaluation for special education and related services is indicated, the referral shall be made to the special education administrator or their designee (8VAC20-81-50 C.1.f.).

1. “Qualified nonprofit vision health organization” means a nonprofit organization that is exempt from taxation under § 501(c)(3) or 501(c)(4) of the Internal Revenue Code, has at least ten years of direct experience in the delivery of vision and vision education services, and does not directly or indirectly derive profit from the sale of vision equipment, insurance, medication, merchandise, or vision-related products (§ 22.1-273). [↑](#footnote-ref-1)