



Shepherdsville Elementary School
527 West Blue Lick Road ■ Shepherdsville, KY 40165
Phone: 502- 869-7000 ■ Fax: 502-543-7838

Jason Baragary, Principal

Samantha Crumbacker, Assistant Principal

Lisa Overstreet, Counselor

MEMO

To: Jesse Bacon, Superintendent *JB*

From: Jason Baragary, Principal, Traci Gould, Shepherdsville Elementary FRC

Date: October 27, 2023

RE: Shepherdsville Elementary Student Vision Clinic "Vision for Learning"

The Shepherdsville Elementary FRC is partnering with Kentucky Eye Care to create a vision screening program for Shepherdsville Elementary students. Mirroring a former vision screening service that is no longer, a new program "Vision for Learning" will provide free vision screenings, ophthalmology assessments if needed, and provide free glasses, if needed, for students without vision insurance. Kentucky Eye Care will provide screening results that the FRC will distribute to parents. The screenings will be offered to all Shepherdsville Elementary students focusing heavily on the 136 students that have not completed a vision screening (although required by the district) during their years at SES. Shepherdsville Elementary has an enrollment of 544 students: 136 of these students (25% of our total enrollment K-5th) have not submitted a vision screening report. 14 students do not have insurance of any kind, 42 of those without vision screening documentation have medicaid managed care insurance and 80 of those without vision documentation have private insurance, but it is not yet determined if this includes vision care. In addition, it has been noted that following recent student assessment, 79.1% of our student population (K-5th grade) scored Novice or Apprentice, thereby indicating that 79.1 % of our students are performing below grade level. I would like to rule out vision issues as a possible determinant.

Parent permission will be required to participate. Blank permission forms will be attached to this memo.

Screenings will be offered to all SES students K-5th, with an extra focus on the 136 without vision screening documents on file. This program will provide a mobile assessment located at Shepherdsville Elementary.

Kentucky Eye Care will provide these screenings at no cost, the ophthalmology at no cost and glasses at no cost to students without vision coverage. Kentucky Eye Care will provide

Traci Gould
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screenings, and ophthalmology free of charge for students with medicaid/managed care insurance, and then will provide a referral for glasses if needed. Glasses will be covered by medicaid/managed care insurance.

All screening and vision tests subject to permission forms/HIPPA/vision office forms, and BCPS is released from all liability.

Date of event, 2023/2024, will be determined pending board approval.

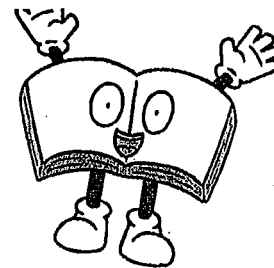
Following the Shepherdsville Elementary screening dates, Bullitt Central will provide this program as well for Bullitt Central students.

* Bullitt Central will need to submit their own memo.

T. Wood

"VISION FOR LEARNING" GENERAL PROGRAM CONSENT FORM

Shepherdsville Elementary FRC & Kentucky Eye Care
VISION PROGRAM



Child's Name: _____ Date: _____

School: Shepherdsville Elementary School

Teacher: _____ Grade: _____

1. I (parent or guardian), have read the letter dated _____ which came with this form concerning the vision program conducted by Vision for Learning. I understand and agree to my child receiving a vision screening as part of the program. I understand that participation is voluntary. I hereby agree to release Shepherdsville Elementary, Kentucky Eye Care, and BCPS from any liability, suits, or costs in any way. I understand that a vision screening is being performed at NO COST to the family.
2. I understand that my child will be screened by a licensed ophthalmologist qualified to evaluate vision need/conditioned.
3. I certify that I have received a copy of the local ophthalmologist's privacy to medical records policy.

YES I give permission for my child to participate in the FREE vision screening.

NO, I wish to decline, and my child will not participate in the FREE vision screening.

4. PHOTO RELEASE

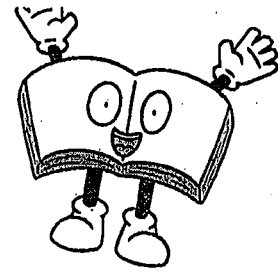
YES I give permission for my child to have photos taken by the school on vision screening day. Photos may be used to promote the program on our school's page. The newspaper may also be present. This release gives permission for newspaper photos to be used.

NO, I decline permission for photographs of my child to be taken.

Parent's Signature: _____ Date: _____

"VISION FOR LEARNING" HEALTH HISTORY FORM

Shepherdsville Elementary FRC & Kentucky Eye Care
VISION PROGRAM



Child's Name: _____ Gender M _____ F _____

Date of Birth: ____ / ____ / ____ School Name: Bullitt Central High School

Alternate Phone Number: _____ (this should be a person we can contact on screening day)

ALL QUESTIONS MUST BE ANSWERED COMPLETELY, DO NOT LEAVE ANY BLANK LINES

Does your child have currently, or has your child had:

Congenital Heart Disease	YES	NO
Rheumatic Heart Disease	YES	NO
Diabetes	YES	NO
Bleeding Problems	YES	NO
Seizures	YES	NO
Blurred Vision	YES	NO
High Blood Pressure	YES	NO
Headaches	YES	NO
Eye Pain	YES	NO

If yes to any of these, please explain: _____

Is your child taking any medication(s)? YES NO

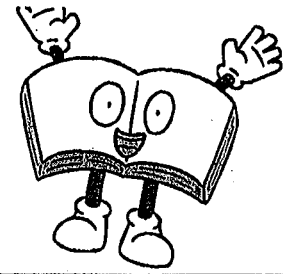
If yes, which medication(s)? _____

Does your child have any allergies? YES NO

If yes, which allergies? _____

Has your child had any serious illness or operations? YES NO

"VISION FOR LEARNING" SCREENING RESULTS FORM



SHEPHERDSVILLE ELEMENTARY VISION PROGRAM

Student's Name: _____ Teacher: _____

Grade: _____ Date: _____

***Please Circle ONE of the Following:**

Medicaid
Plan

Private Insurance
(with vision)

Private Insurance
(without vision)

None

Unknown

TYPE OF EXAMINATION	NORMAL	ABNORMAL	NOTABLE TO ASSESS
EXTERNAL EXAM (EYE AND ADNEXA)			
INTERNAL EXAM (MEDIA, LENS, FUNDUS, ETC)			
NEUROLOGICAL INTEGRITY (PUPILS)			
BINOCULAR FUNCTION (STEREOPSIS)			
ACCOMMODATION AND CONVERGENCE			
COLOR VISION			

Diagnosis:

____ Normal ____ Myopia ____ Astigmatism ____ Strabismus ____ Amblyopia

Recommendations

Glasses Prescribed? Yes ____ No ____

Additional Comments

	OD	OS
Unaided Acuity	20 /	20 /
Best Corrected Acuity	20 /	20 /

Signed: _____

Date: _____



Bullitt County Public Schools

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Covington, Kentucky 40165
Phone: 502-921-9467

Phone: 502-869-8000

www.bullittschools.org

Memorandum of Agreement between Bullitt County Public Schools on behalf of Shepherdsville Elementary School FRC, and Kentucky Eye Care.

This Memorandum of Agreement by and between Bullitt County Public Schools (hereinafter "BCPS") on behalf of Shepherdsville Elementary School FRC and Kentucky Eye Care for the VISION FOR LEARNING Program. The Vision for Learning Program will provide free vision screenings to all kindergarten through fifth grade students enrolled at Shepherdsville Elementary (with signed permission forms), free ophthalmology to students determined necessary following screening, and free eyeglasses to students without insurance.

ARTICLE I - Scope of Work

Kentucky Eye Care agrees to perform free school-on-site vision screenings to all kindergarten through fifth grade students with signed permission forms enrolled at Shepherdsville Elementary School. Kentucky Eye Care agrees to provide ophthalmology for students deemed necessary following the initial screening and if needed, will provide eyeglasses to students that do not have insurance. Kentucky Eye Care will provide vision-finding reports to all parents of students screened. Kentucky Eye Care shall complete the required vision screening for students, with permission forms, that have not turned in the vision screening form required for school attendance. Kentucky Eye Care will provide eyeglasses referrals for students with Medicaid/managed care and provide a copy of Vision Care Privacy Policies. Kentucky Eye Care shall provide all equipment necessary and exam gloves needed for the screenings.

Shepherdsville Elementary School FRC will be responsible for creating the screening schedule, sending vision screening results home with students, and providing a copy of the required vision screening paperwork to the school for formal documentation purposes. Shepherdsville Elementary FRC will provide each student with a signed permission form a pair of new sunglasses as an incentive for participation.

ARTICLE II - Period of Performance

The VISION FOR LEARNING Program shall occur on a school day in December 2023-February 2024, pending board approval, availability of Kentucky Eye Care, and weather/school cancellations. VISION FOR LEARNING may be rescheduled or scheduled repeatedly with the agreement of all parties hereto. This MOA shall extend to June 30, 2023, and may be renewed annually by agreement of the parties and upon BCPS approval.

ARTICLE III -- Liability

Kentucky Eye Care shall provide to BCPS all required certifications and insurance verifications for vision screening day. Kentucky Eye Care shall guarantee that every individual administering vision screenings possesses the requisite certifications and training required by law. Kentucky agrees to indemnify and hold harmless BCPS, its agents and employees from any and all liability. Kentucky Eye Care agrees to adhere to State and Federal privacy requirements, unless

requested to release information by permission of parent/guardian or lawful subpoena or court order.

Shepherdsville Elementary School FRC shall assist with scheduling any additional screenings or treatment, but the parents shall be responsible for all transportation to appointments, releasing BCPS from all transportation liability.

All vision screenings, ophthalmology treatment, and vision prescriptions shall be subject to the General Program Consent Form, Health Insurance Portability and Accountability Act (HIPPA) and Kentucky Eye Care Forms. BCPS shall be released from all liability relating to vision screenings, ophthalmology treatment, and vision prescriptions.

ARTICLE IV – Confidential Information

Should confidential information be exchanged under this agreement, all parties agree, absent any special provisions to the contrary, to:

1. Use its best efforts to receive and maintain in confidence any and all confidential or proprietary information delivered by one party hereto to the other party;
2. Use confidential information solely for the purpose or purposes for which it was disclosed and for no other purpose whatsoever;
3. As a receiving party, to disclose confidential information to its employees, officers, agents, and representatives only a need to know basis;
4. Not release confidential or proprietary information to any third parties; and
5. Dispose of or return proprietary or confidential information to the disclosing party when requested or upon expiration or termination of this contract.

Article V – Mutual Responsibilities

1. Each party will comply with all applicable governmental laws, ordinances, rules, and regulations in the performance of this contract.
2. In the execution to this contract, the person whose signatures are set forth are duly authorized to execute the contract and bind the parties.

ARTICLE VI – Applicable Law

The laws of the Commonwealth of Kentucky shall govern this contract.

ARTICLE VII – Entire Agreement

This contract is intended by the parties as a final written expression of their agreement and supersedes and replaces any prior oral or written agreement. Any terms or conditions inconsistent with or in addition to terms and conditions herein contained shall be void and of no effect unless specifically agreed to in writing and signed by both parties.

IN WITNESS WHEREOF, the parties hereto have caused their authorized officials to execute this Agreement as of the date(s) set forth below:

Article VII-Entire Agreement

This contract is intended by the parties as a final written expression of their agreement and supercedes and replaces any prior oral or written agreement. Any terms or conditions inconsistent with or in addition to terms and conditions herein contained shall be void and of no effect unless specifically agreed to in writing and signed by all parties.

Reviewed and Agreed to by:

_____ Date _____
Jesse Bacon, Superintendent, Bullitt County Public Schools on behalf of Shepherdsville Elementary school.

_____ Date _____
Chairperson, Bullitt County Board of Education

_____ Date _____
Authorized Agent, Kentucky Eyecare

_____ Date _____
Principal, Shepherdsville Elementary School

_____ Date _____
Family Resource Center, Shepherdsville Elementary