



## VISION ACTION PLAN – Compliance Tracker

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Health manager/school nurse: \_\_\_\_\_

Current diagnosis: \_\_\_\_\_

Current treatment plan: \_\_\_\_\_

Date received eye glasses: #1 \_\_\_\_\_ #2 \_\_\_\_\_

Start date for compliance tracking: \_\_\_\_\_ End date for compliance tracking: \_\_\_\_\_

September 20xx						
Su	M	Tu	W	Th	F	S

October 20xx						
Su	M	Tu	W	Th	F	S

November 20xx						
Su	M	Tu	W	Th	F	S

December 20xx						
Su	M	Tu	W	Th	F	S

January 20xx						
Su	M	Tu	W	Th	F	S

February 20xx						
Su	M	Tu	W	Th	F	S

March 20xx						
Su	M	Tu	W	Th	F	S

April 20xx						
Su	M	Tu	W	Th	F	S

May 20xx						
Su	M	Tu	W	Th	F	S

June 20xx						
Su	M	Tu	W	Th	F	S

### Mark the following on the calendar:

- 'v' on days that the child complied with their Vision Action Plan
- 'X' on days that the child did not comply with their Vision Action Plan
- 'C' on days that school was closed
- 'A' on days that the child was absent