ELKHART AND ST. JOSEPH COUNTIES HEAD START CONSORTIUM



VISION SCREENING

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Results (circle one): Pass Fail Need rescreen Completed results pending

Screened By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle one: Head Start Staff School Nurse Other\_\_\_\_\_\_\_\_\_\_\_\_

Date Rescreened: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Results (circle one): Pass Fail Need Formal Evaluation

Screened By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle one: Head Start Staff School Nurse Other\_\_\_\_\_\_\_\_\_\_\_\_

Follow up evaluation yes no

Results\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received glasses yes no

Staff Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_