# Vision Rescreening Worksheet

## Location

LOCATION _______________________________________________ GRADE ______________ ROOM _____________

## Screening Technician's Name

SCREENING TECHNICIAN'S NAME _________________________________________________ DATE ______________

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### Vision Rescreening Worksheet

**NAME** | **GRADE OR AGE** | **PASS TEST SCORES** | **COLOR** | **BINOCULAR TEST** | **GLASSES** | **REFERRAL** | **GLASSES/OBSERVATION**
---|---|---|---|---|---|---|
1. | | | | | | |
2. | | | | | | |
3. | | | | | | |
4. | | | | | | |
5. | | | | | | |
6. | | | | | | |
7. | | | | | | |
8. | | | | | | |
9. | | | | | | |
10. | | | | | | |
11. | | | | | | |
12. | | | | | | |
13. | | | | | | |
14. | | | | | | |
15. | | | | | | |
16. | | | | | | |
17. | | | | | | |
18. | | | | | | |
19. | | | | | | |
20. | | | | | | |

### Children Referred

**CHILDREN REFERRED** | **REASON FOR REFERRAL** | **EXAMINATION RESULTS**
---|---|---|---|---|---|---|
1. | | | | | | |
2. | | | | | | |
3. | | | | | | |
4. | | | | | | |
5. | | | | | | |
6. | | | | | | |

### Summary

**Preschool Grade** ______ ______ (circle one)

| | 1 | 2 | 3 | 4 | 5 | **COLOR** |
---|---|---|---|---|---|---|
**Number Screened** | | | | | | |
**Number Rescreened** | | | | | | |
**Number Referred** | | | | | | |
**Number of Children with Glasses** | | | | | | |
**Glasses Referrals** | | | | | | |
**Screened** | | | | | | |
**Failed** | | | | | | |

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