MID-DELTA HEAD START

Vision Screening for Preschool Children

Child ________________________________      Date ____________      Age _______
Completed by (name and position) ________________________________

_____ 1. Vision was not screened today.
Vision was screened with passing results within the last five months.

    Date screened: _________________  by: _________________________

_____ 2. Screened today with the Denver Eye Screening Test.

    _____ Passed: Named three pictures at 15 feet with both the right and left eye.

    _____ Could not be conditioned to the screening procedures; however, vision appeared to be functional.

    _____ Could not be conditioned to the screening procedures. Unsure if vision is functional. Recommend re-screening in the near future.

    _____ Could not name three pictures at 15 feet ____ right eye     ____ left eye.

    _____ Could not name three pictures at 10 feet ____ right eye     ____ left eye.

    _____ Could not name three pictures at 5 feet ____ right eye     ____ left eye.

    Recommend re-screening in the near future.