



**Preschool-age (3-5 years)
Registration Form**

Center Name (no abbreviations):
Center Address:
Date:

TO BE COMPLETED BY SCREENERS:

Screening Tool Used (circle): Chart Plus-Optix SPOT

Total Screened: _____ Total Referred: _____

Teachers: Please complete the "Child's Name" to the "Absent" sections before the screening.

Child's Name (First and Last)	Age	Glasses ✓ if yes	Absent ✓ if yes	Comments (<i>Appearance, Behavior, Complaints</i>):	Referral Information	
					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
1					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
2					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
3					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
4					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
5					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
6					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
7					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
8					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
9					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
10					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
11					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
12					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
13					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
14					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
15					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
16					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
17					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
18					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
19					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left
20					<input type="checkbox"/> Pass	<input type="checkbox"/> Did Not Pass (circle eye referred): Right or Left

SCREENING DIRECTIONS: The child needs to get at least 3 out of 4 in both sections 1 and 2 in order to pass. If the child does not pass section 1 on the first try, move to the Baseline Flip Book and then try section 1 again. Do the same with section 2. REFER the child if he/she does not pass on the second try.

