

**Please Return Screening Results to:**



731 North Jackson Street, Suite 220 Milwaukee, WI 53202  
 Fax # (414) 765-0377 Office: (414) 765-0505  
 E-mail: Valerie@pbwi.org

Children's Vision Screening Program Statistical Report - Total Number of Children Screened & Referred- **April 1st-March 31st**

Agency / Employer: _____	Contact: _____
Address: _____	Email: _____
City, State, Zip: _____	Phone: _____
School Districts Served: _____	County: _____
Grades Screened: _____	Date of Screening: _____

Screening Tool (s)

<i>Visual Acuity:</i>	Snellen/Sloan _____	SureSight _____	Assistance from a Lions/Lioness Club?
	VIP Wheel _____	Spot Screener _____	Club Name: _____
	Eye Check Book _____	Plusoptix _____	<small>*Please indicate which grades/how many they screened</small>
	HOTV _____	<i>Other Test:</i> _____	

Grade	Number Screened	Number Referred
Preschool (3K, 4K)		
Kindergarten (5K)		
1st Grade		
2nd Grade		
3rd Grade		
4th Grade		
5th Grade		
6th Grade		
7th Grade		
8th Grade		
High School (9-12)		
Other		
<b>TOTAL:</b>		

