

Other **TOTAL:**

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:		Contac	Contact: Email: Phone: County: Date of Screening:			
Address:		Email:				
City, State, Zip:		Phone:				
School Districts Ser	ved:	County				
Grades Screened:						
Screening Tool (s)						
Visual Acuity:	Snellen/Sloan VIP Wheel Eye Check Book HOTV	SureSight Spot Screener Plusoptix Other Test:	Club Name:			
Grade		Number Screened	Number Referred			
Preschoo	l (3K, 4K)					
Kinderga	arten (5K)					
1st (Grade					
2nd	Grade					
3rd C	Grade					
4th C	Grade					
5th Grade						
6th Grade						
7th (Grade					
8th 0	Grade					
High Sch	nool (9-12)					

Follow Up Results on Referred Children

Tabulate results from all children referred, whether or not an examiner's report was received.

RECORD ONLY ONE CONDITION PER CHILD

If Amblyopia or Strabismus are diagnosed in addition to a refractive error, record Amblyopia or Strabismus as the Dominant Diagnosis. [Example: Both Astigmatism and Amblyopia] Record ONLY Amblyopia. [Example: Strabismus and Hyperopia] Record ONLY Strabismus. If both Amblyopia AND Strabismus are diagnosed, record as Amblyopia. Refractive errors (Myopia, Hyperopia, Astigmatism) should be recorded only when Amyplyopia or Strabismus have not been diagnosed.

More than anything, we want to know how many children are getting to care. If you have no information other than observing that they came back to school with glasses, please record this in the Other/Notes category.

Grade	Amblyopia	Strabismus	Муоріа	Hyperopia	Astigmatism	Normal	No information Received	Other/Notes
214 8 414								
3K & 4K								
5K								
1								
2								
3								
4								
5								
6								
7								
8								
High School								
Other								
Unknown								
Total								