



Return to: Prevent Blindness Wisconsin

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

Agency:	Contact:
Address:	Email:
City, State, Zip:	Phone:
	County:
	Date of Screening:

Screening Tool (s)

Visual Acuity:

Suresight ____
EyeCheck Book ____
VIP Wheel ____
Plusoptix ____
Spot Screener ____

Other Test: ____

Group	Number Screened	Number Referred
Head Start Children		
Early Head Start Children		
Other		
TOTAL:		

PLEASE REMEMBER TO COMPLETE BOTH SIDES OF THIS FORM

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 is diagnosed (no matter what else is also indicated); record as AMBLYOPIA
- If Amblyopia is not diagnosed and Muscle Imbalance is (no matter what else is indicated) record as MUSCLE IMBALANCE
- **REFRACTIVE ERRORS** should be recorded only when Muscle Imbalance or Amblyopia has not been diagnosed.

Group	Amblyopia	Muscle Imbalance	Refractive Error	Other	Normal	No Information Received
Head Start						
Early Head Start						
Other						
Total						