

Please Return Screening Results to:



731 North Jackson Street, Suite 405 Milwaukee, WI 53202
 Fax # (414) 765-0377 Office: (414) 765-0505
 E-mail: Shelby@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)	
Visual Acuity:	Assistance from a Lions/Lioness Club?
Snellen/Sloan _____	Club Name: _____
VIP Wheel _____	
Eye Check Book _____	<small>*Please indicate which grades/how many they screened</small>
HOTV _____	
SureSight _____	
Spot Screener _____	
Plusoptix _____	
Other Test: _____	

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)		
Unknown		
TOTAL:		

