



Center Name (no abbreviations): \_\_\_\_\_

Center Address: \_\_\_\_\_

Date: \_\_\_\_\_

**TO BE COMPLETED BY SCREENERS:**

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

Total Screened: \_\_\_\_\_ Total Referred: \_\_\_\_\_

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

**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	
1					<input type="checkbox"/> Pass	<input type="checkbox"/> <b>Did Not Pass</b> (circle eye referred): Right or Left
2					<input type="checkbox"/> Pass	<input type="checkbox"/> <b>Did Not Pass</b> (circle eye referred): Right or Left
3					<input type="checkbox"/> Pass	<input type="checkbox"/> <b>Did Not Pass</b> (circle eye referred): Right or Left
4					<input type="checkbox"/> Pass	<input type="checkbox"/> <b>Did Not Pass</b> (circle eye referred): Right or Left
5					<input type="checkbox"/> Pass	<input type="checkbox"/> <b>Did Not Pass</b> (circle eye referred): Right or Left
6					<input type="checkbox"/> Pass	<input type="checkbox"/> <b>Did Not Pass</b> (circle eye referred): Right or Left
7					<input type="checkbox"/> Pass	<input type="checkbox"/> <b>Did Not Pass</b> (circle eye referred): Right or Left
8					<input type="checkbox"/> Pass	<input type="checkbox"/> <b>Did Not Pass</b> (circle eye referred): Right or Left
9					<input type="checkbox"/> Pass	<input type="checkbox"/> <b>Did Not Pass</b> (circle eye referred): Right or Left
10					<input type="checkbox"/> Pass	<input type="checkbox"/> <b>Did Not Pass</b> (circle eye referred): Right or Left
11					<input type="checkbox"/> Pass	<input type="checkbox"/> <b>Did Not Pass</b> (circle eye referred): Right or Left
12					<input type="checkbox"/> Pass	<input type="checkbox"/> <b>Did Not Pass</b> (circle eye referred): Right or Left
13					<input type="checkbox"/> Pass	<input type="checkbox"/> <b>Did Not Pass</b> (circle eye referred): Right or Left
14					<input type="checkbox"/> Pass	<input type="checkbox"/> <b>Did Not Pass</b> (circle eye referred): Right or Left
15					<input type="checkbox"/> Pass	<input type="checkbox"/> <b>Did Not Pass</b> (circle eye referred): Right or Left
16					<input type="checkbox"/> Pass	<input type="checkbox"/> <b>Did Not Pass</b> (circle eye referred): Right or Left
17					<input type="checkbox"/> Pass	<input type="checkbox"/> <b>Did Not Pass</b> (circle eye referred): Right or Left
18					<input type="checkbox"/> Pass	<input type="checkbox"/> <b>Did Not Pass</b> (circle eye referred): Right or Left
19					<input type="checkbox"/> Pass	<input type="checkbox"/> <b>Did Not Pass</b> (circle eye referred): Right or Left
20					<input type="checkbox"/> Pass	<input type="checkbox"/> <b>Did Not Pass</b> (circle eye referred): Right or Left

