



Return form to: Prevent Blindness Wisconsin: 731 N Jackson Street, Suite 405, Milwaukee, WI 53202

Class Results Form

Center Name (no abbreviations): _____
 Center Address (with zip code): _____
 Date: _____

TO BE COMPLETED BY SCREENERS:

Total Passed: _____
 Total Referred: _____
 Total Screened: _____

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