

**Reach Dane/Reach Green
Early Head Start Vision Screening Report**

Child's name: _____ **DOB:** _____ **FA/ Program:** _____

If child has glasses, screening should be done with the glasses on the child. Glasses Rx: Y N Wearing: Y N

1. Screening Results:

1st Screening Date:		Pass	Refer	CNT
2nd Screening Date:		Pass	Refer	CNT
3rd Screening Date:		Pass	Refer	CNT

If CNT, state reason here: _____

2. Follow-Up

- **Refer for retest within 4 weeks.....Yes No**
- **Refer to PCP for further evaluation.....Yes No**
- **Pass.....Yes No**