

Iowa KidSight Screening Cover Sheet



(To be completed by Lions Club Recorder – please, print)

A. Screening Site Information:

1. Type of Screening (please **X** which type)

<input type="checkbox"/>	Daycare	<input type="checkbox"/>	WIC/ Public Health	<input type="checkbox"/>	Preschool	<input type="checkbox"/>	AEA #: _____
<input type="checkbox"/>	Advertised	<input type="checkbox"/>	Kindergarten Roundup	<input type="checkbox"/>	Headstart	<input type="checkbox"/>	Other: _____

2. Date of Screening: _____ Starting time: _____ Finishing time: _____

3. Screening Site: Site Name: _____

Contact Person: _____
(contact's name) (title) (phone number)

Address: _____

B. Indicate where Results are to be returned (please **X** location), and where letter and Summary are to be sent:

<input type="checkbox"/>	Directly to the parents home
<input type="checkbox"/>	Screening site location to be distributed by Screening Site Contact Person (List address if different from above.)

_____ (name) (address) (city) (state) (zip code)

Collaborative Contact, if any, who should receive **result letter** (Community Empowerment Contact, etc.):

_____ (name) (title) (address) (city) (state) (zip code)

Institutional Professional, if any, who should receive **result letter and detailed Result Summary** (AEA, School Nurse, etc.):

_____ (name) (title) (address) (city) (state) (zip code)

C. Preliminary Screening Results:

1. Total number of children screened: _____

2. Number of photos taken, including unreadable pictures: _____

3. Length of screening (in minutes): _____

4. PhotoScreener™ camera serial number: (bottom of camera): _____

D. Reporting Information:

Lions Club Contact Information (where result letter should be sent):

1. Name: _____

2. Address: _____
(street) (city) (zip code)

3. Telephone number: _____

4. Email address: _____

5. Club name: _____ Lions District: _____

6. Photographer: _____

7. Recorder: _____

8. Supervisor in attendance, if any: _____

9. Other adult(s) present in screening room: _____

Club Contact: Send all Consent/Result Forms, with the photo's properly attached, and this Screening Cover Sheet to:

Iowa KidSight
 University of Iowa, Department of Ophthalmology & Visual Sciences
 2346 Mormon Trek Blvd., Ste. 2700, Iowa City, IA 52246