



Iowa KidSight Pre-Screening Form



Instructions:

Lions Club Contact completes this form and mails it to the Iowa KidSight District Coordinator at the beginning of the pre-screening phase (3-4 weeks in advance).

Please print or type:

Lions Club Contact (must have completed an Iowa KidSight Training Course):

Name: _____

Phone Number: _____ E-mail: _____

Address: _____
(street) (city) (zip)

Lions Club Name: _____

Lions Club District: _____

Information about proposed screening date and site: (Your Iowa KidSight District Coordinator will confirm with the Lions Club Contact that this date is OK, and that vision screening supplies and equipment will be available on the proposed date.)

Proposed Date of Screening: _____ Start Time: _____ Finish Time: _____

Name of Contact Staff at Screening Site: _____
(name) (title)

Name of Screening Site: _____

Phone Number of Contact Staff at Screening Site: _____

Address of Screening Site: _____
(street) (city) (zip)

Please X which type of screening is to be conducted:

<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"/>	Headstart	<input type="checkbox"/>	Kindergarten Roundup	<input type="checkbox"/>	Other: _____

Lion Photographer (must have completed Iowa KidSight Training Course)

Name: _____

Lion Recorder (must have completed Iowa KidSight Training Course)

Name: _____

Lion Supervisor, if needed (must be a qualified supervisor [see pg. 10 of Training & Review Packet])

Name: _____

Estimated number of children in age range to be screened: _____

Estimated number of Polaroid™ pictures needed (2/child): _____