

OUTCOME FORM FOR PARENTS

Child's full name: _____ Date: _____

Parents name: _____ Telephone: _____

Screener: _____ Telephone: _____

Your child passed the screening because:

_____ Your child demonstrated no observable visual problems.

Your child did not pass the screening because:

_____ There was concern about the appearance of his/her eye(s)/eyelid(s):

_____ There was observable difficulty with one or more of the behavioral items on the *Colorado 0-5 Vision Screening Guidelines* tool, including

_____ You and/or the screener still have questions; we were unable to make a determination of whether or not the child is having visual difficulty

It is recommended that your child be:

_____ Re-screened. Date for rescreening _____

_____ Referred to an eye care specialist

Screener: _____ Phone Number: _____

Date: _____