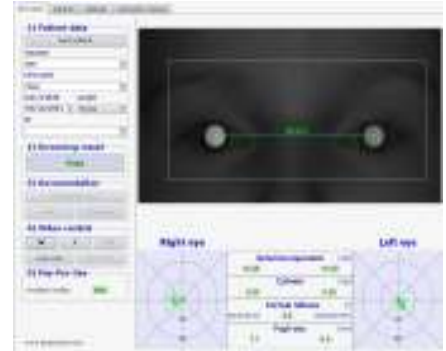


# College of Southern Idaho Head Start/ Early Head Start

## Vision Screening



Pass / Fail

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Center: \_\_\_\_\_

Name of person conducting the screening: \_\_\_\_\_

### Protocol for Vision Screening

- A. 1<sup>st</sup> screening to be completed within 45 days
- B. B. If Fail- rescreen in 4-6 weeks
- C. If Fail again- Refer to eye doctor - Optometrist