

**Preschool Vision Screening Form for 4-5 Year Olds**  
 (Also, kindergarteners and first grades)  
**CROWDED SINGLE LEA SYMBOLS VISION SCREENING TEST (5 FT)**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

**Pretest – both eyes**



Identify ALL symbols?  
 Yes  No

**Right Eye**

Baseline  
 Flipbook  
 Right Eye



Identify at least 3 of 4 symbols?  
 Yes  No

4 & 5 Year Olds  
 Disk  
 Right Eye



Identify at least 3 of 4 symbols?  
 Yes  No

4 & 5 Year Olds  
 Disk  
 Right Eye



Identify at least 3 of 4 symbols?  
 Yes  No

**Left Eye**

Baseline  
 Flipbook  
 Left Eye



Identify at least 3 of 4 symbols?  
 Yes  No

4 & 5 Year Olds  
 Disk  
 Left Eye



Identify at least 3 of 4 symbols?  
 Yes  No

4 & 5 Year Olds  
 Disk  
 Left Eye



Identify at least 3 of 4 symbols?  
 Yes  No

**Results per SECTION (Pretest, Right Eye, Left Eye): All boxes YES = PASS. Any NO in any box = FAIL.**

Pretest:  Pass  Fail    Right Eye:  Pass  Fail    Left Eye:  Pass  Fail