**Preschool Vision Screening Form for 3 Year Olds **

**Form C**

**CROWDED SINGLE LEA SYMBOLS VISION SCREENING TEST (5 FT.)**

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

 **Lap card both eyes**

Lap Card

Practice

Identify ALL symbols?

**🞏** Yes **🞏** No

 

 **Right Eye**

    

Baseline

Flipbook

Right Eye

Identify at least 3 of 4 symbols? **🞏** Yes **🞏** No

 Yes No



 3R1

3-Year-Olds Disk

Right Eye

Identify at least 3 of 4 symbols? **🞏** Yes **🞏** No

 Yes No

 3R3



 3R2



 3R4

3-Year-Olds Disk

Right Eye

Identify at least 3 of 4 symbols? **🞏** Yes **🞏** No

 Yes No

3R8

3R7

3R5

3R6

 **Left Eye**

   

Baseline

Flipbook

Left Eye

Identify at least 3 of 4 symbols? **🞏** Yes **🞏** No

 Yes No



 3L3

3-Year-Olds Disk

Left Eye

 3L1



 3L2



 3L4

Identify at least 3 of 4 symbols? **🞏** Yes **🞏** No

 Yes No

3-Year-Olds Disk

Left Eye

Identify at least 3 of 4 symbols? **🞏** Yes **🞏** No

 Yes No

3L5

3L6

3L7

3L8

**Results per SECTION** All boxes YES = PASS Any NO in any box = REFER

**Lap Card:**  🞏 Pass 🞏 Refer **Right Eye:** 🞏Pass 🞏 Refer **Left Eye:** 🞏Pass 🞏Refer