**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