



Preschool-age (6 mo. thru 5 yrs.)  
**Registration Form**

Facility Name:
Facility Address:
Date:

**Screening Tool Used**  
 (circle): **Chart**  
**Plus-Optix**  
 Total Screened: \_\_\_\_\_  
 Total Referred: \_\_\_\_\_

Child's Name (First and Last)	Age	Glasses ✓ if yes	Absent ✓ if yes	Comments ( <i>Appearance, Behavior, Complaints</i> ):	Referral Information	
					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
1					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
2					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
3					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
4					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
5					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
6					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
7					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
8					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
9					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
10					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
11					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
12					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
13					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
14					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
15					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
16					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
17					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
18					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
19					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred
20					<input type="checkbox"/> Pass	<input type="checkbox"/> Referred

