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### Lay Screener Form For 3-Year-Old Children

DO NOT PHOTOCOPY!

#### Stereo Smile (LS 220.1)

Identification (place ID label in the box below)						
ID:						
Start Time Stamp			v. Press stamp until it stops.)			
S2. Indicate last card	d with 4 co	rrect				
Unable to do Card A(	) <sub>0</sub> (STOF	P! Go to Next Pa	age)			
Card A (	)1	Go to the				
Card B (	)2	next card if  4 out of 4 or				
Card C (	)3	4 out of 5 symbols are				
Card D (	)4	correctly identified.				
☐ 1 ✓ if incomplete	Э					



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### Lea Visual Acuity: 3-year-old (LV 221.1)

Ide	entification (plac	e ID label in th	e box below)	7	
			-		
L1.	Time IN: (S	tamp Start Tim	ne in the box belo	ow. Press stam	p until it stops.)
	Start Time Stamp				
L2.	Check unal	ole box if child	cannot complete	Lea Pretest:	
U	Inable ( ) <sub>1</sub> (S	TOP! Go to nex	rt page)		
L3.	Right Eye				ere are 2 " <b>X</b> "s on one line. If test is symbol not shown to child.
Baseline	· A	В	0		( ) √ if child
Disk	1	2	0	4	correctly identified all cards presented with the right eye
Disk	<b>©</b>	6	7	(3)	
L4.	Left Eye	20		•	ere are 2 " <b>X</b> "s on one line. If test is symbol not shown to child.
Baseline	e A	В	<b>©</b>	0	( ) $$ if child
Disk	0	2	3	4	correctly identified all cards presented with the left eye
Disk	5	6	7	8	



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Reti	inomax (LM	22	22.1)					
	•		-	I in the box belo	w)		7	Tape Retinomax printout HERE
	ID: Name:							Re-take if reliability number is less than 8.
	21. Time IN: (Stamp Start Time in the box below. Press stamp until it stops.)  Start Time					)	For each eye, circle the line with the first reliability number that is 8,9 or 10.	
	Stamp							Do not take more than 3 readings per eye!!
R2.	Number of re Right Eye None (unable) One Two Three	( (	) <sub>0</sub>	per eye  Left Eye  None (unable)  One  Two  Three	(	)0 )1 )2 )3		Tape carefully on edges.

Sequence: XXXXXXX



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DO NOT PHOTOCOPY!

### **SureSight Autorefractor (LA 223.1)**

Coord Ctr Use Only: Initials \_\_\_\_\_ Date Entered: \_\_ - \_ - \_ \_ \_

ID:	Identification (place ID label in the box below)	Tape SureSight printout HERE		
A1. Time IN: (Stamp Start Time in the box below. Press stamp until it stops.)  Start Time Stamp  A2. Number of readings per eye  a. Right Eye				
in the box below. Press stamp until it stops.)  Start Time Stamp  A2. Number of readings per eye  a. Right Eye None (unable) ( )0 One ( )1 Two ( )2 Three ( )3 Three ( )3  1. Time All Testing Completed (Stamp END Time in the box below. Press stamp until it stops.)  End Time Stamp  Time Stamp  Time Stamp  Time Stamp  To reach eye, circle the line with the first reliability number that is 6, 7, 8,or 9.  Do not take more than 3 readings per eye!!  Tape carefully on edges.	Name:	_		
Start Time Stamp  A2. Number of readings per eye  a. Right Eye None (unable) ( )o One ( )1 Two ( )2 Three ( )3 Three ( )3 Three ( )3  1. Time All Testing Completed (Stamp END Time in the box below. Press stamp until it stops.)  End Time Stamp  To reach eye, Circle the line with the first reliability number that is 6, 7, 8, or 9.  Do not take more than 3 readings per eye!!  Tape carefully on edges.	\			
A2. Number of readings per eye  a. Right Eye None (unable) ( )0 None (unable) ( )0 One ( )1 One ( )1 Two ( )2 Two ( )2 Three ( )3 Three ( )3  1. Time All Testing Completed (Stamp END Time in the box below. Press stamp until it stops.)  End Time Stamp  2. Print Screener's Initials: First Last	Start Time	with the first reliability		
None (unable) ( ) <sub>0</sub> None (unable) ( ) <sub>0</sub> One ( ) <sub>1</sub> One ( ) <sub>1</sub> Two ( ) <sub>2</sub> Two ( ) <sub>2</sub> Three ( ) <sub>3</sub> Three ( ) <sub>3</sub> 1. Time All Testing Completed (Stamp END Time in the box below. Press stamp until it stops.)  End Time Stamp  2. Print Screener's Initials: First Last	<u> </u>			
One ( ) <sub>1</sub> One ( ) <sub>2</sub> Two ( ) <sub>2</sub> Three ( ) <sub>3</sub> Three ( ) <sub>3</sub> 1. Time All Testing Completed (Stamp END Time in the box below. Press stamp until it stops.)  End Time Stamp  2. Print Screener's Initials: First Last		Tape carefully on edges.		
Two () <sub>2</sub> Two () <sub>2</sub> Three () <sub>3</sub> Three () <sub>3</sub> 1. Time All Testing Completed (Stamp END Time in the box below. Press stamp until it stops.)  End Time Stamp  2. Print Screener's Initials: First Last				
Three ( ) <sub>3</sub> Three ( ) <sub>3</sub> 1. Time All Testing Completed (Stamp END Time in the box below. Press stamp until it stops.)  End Time Stamp  2. Print Screener's Initials: First Last	·			
1. Time All Testing Completed (Stamp END Time in the box below. Press stamp until it stops.)  End Time Stamp  2. Print Screener's Initials: First Last				
in the box below. Press stamp until it stops.)  End Time Stamp  2. Print Screener's Initials: First Last	Inree ( ) <sub>3</sub> Inree ( ) <sub>3</sub>			
Z. Print Screener's Initials:  First Last				
First Last	Time			
3. Screener's Certification Number:				
	3. Screener's Certification Number:			

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