



7120 NW 11<sup>th</sup> Place  
Gainesville, FL 32605

### KidSight Screening Transmittal Sheet

Screening Date: \_\_\_\_\_

#### A. Site Information

Description	Requested Information
Facility Name	
Mailing Address	
Contact Person/Title	
Telephone Number	
E-mail Address	

#### B. Data

Description	Requested Data
<p><b>Number of Children Screened</b></p> <p>1. Total Screened _____</p> <p>2. Passed <b>1</b> _____</p> <p>3. Referred <b>2</b> _____</p> <p>4. Inconclusive <b>2</b> _____</p> <p>5. Unable to Screen <b>2</b> _____</p>	<p><b>Notes:</b></p> <p><b>1. Return consent forms to Facility Director for return to parents.</b></p> <p><b>2. Request photocopies of consent forms. Return copies to Facility Director for return to parents.</b></p>
Length of Screening (Minutes)	
Instrument Serial Number	

#### C. Lions Club Information

Description	Requested Information
Club Name	
Coordinator Name, Telephone Number, & E-mail address	
Mailing Address	
Photographer Name, Telephone Number, & E-mail address	
District Identification	
Volunteer Names (s)	

**D. Mail this completed Transmittal Sheet along with the original Consent Forms (see section B, note 2), and a copy of the referral(s) and inconclusive(s) to the address above.**