



7120 NW 11th 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
Number of Children Screened 1. Total Screened _____ 2. Passed 1 _____ 3. Referred 2 _____ 4. Inconclusive 2 _____ 5. Unable to Screen 2 _____	Notes: Request photocopies of consent forms and leave a copy with the Facility Director for return to parents.
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. Email this completed Transmittal Sheet along with the original Consent Forms, and a copy of the vision screening report referral(s) and inconclusive(s) through the data entry portal on the Florida KidSight Foundation sight.