Evaluation: Vision Screening Event at _____ **– Date** _____

<u>**Set-Up**</u>
Arrived at the school at approximately _____ AM
Location of Vision Screening _____ room
Lights left on: _____ Windows covered with builders paper _____
Location of the Spot Screener(s) in room: _____
Direction students facing _____
Location of the tally table _____
Location of color testing tables _____

<u>**Vision Screening**</u>
Time Started: _____ Time Completed: _____ Total minutes including color testing: _____
No. students enrolled: _____ Grades _____ - _____ No. of students screened: _____
No. Passed: _____ No. Referred: _____ No. Inconclusives: _____
% students screened: _____ % Referred: _____ % Inconclusives: _____
No. of students screened/hour: _____ No. of Spot Screeners used: _____

Start screening _____ grade _____ A.M. and finished at _____ A.M.
Next screened _____ grade _____ A.M. and finished at _____ A.M.
Next screened _____ grade _____ A.M. and finished at _____ A.M.
Next screened _____ grade _____ A.M. and finished at _____ A.M.
Next screened _____ grade _____ __.M. and finished at _____ __.M.
Next screened _____ grade _____ __.M. and finished at _____ __.M.
Had difficulty screening _____ student(s);
The flow of students between classes was **efficiently** / **somewhat efficiently** / **inefficiently** run
The average wait time between classes _____ minutes

<u>**Color Testing**</u>
Time Started: _____ Time Completed: _____ Total minutes color testing: _____
No. students color tested: _____ No. color books used: _____ No. tables used _____
No. students color tested/hr: _____ No. students Nonconforming: _____ % Nonconforming: _____
There **Was**/**Was No** vision screening being performed during the color testing.

<u>**Notes**</u>
Notes about the vision screening event, vision screening rate, wait times, color testing and any other relevant information impacting the total event time: _____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Lion Team: _____ Lion Team Leader: _____