

Millard School District Special Education Department

Vision Screening Report

Name of Student _____ School _____ Grade _____

This form shows that the student named above has received the following vision screenings with the individual results:

Vision Screening:

Both Eyes:

Right Eye:

Left Eye:

Please note if any of the following is observed:

_____ Squints

_____ Peeks

_____ Tilts

It is recommended:

Proceed with further testing _____

Alert: Visual ability may interfere with further testing. _____

Comments:

Signed: _____

Date: _____