

Union County Public Schools
Level I - Intervention Process

Referral for Vision Screening:

Date: _____

LEVEL I Notification sent by (Staff Member) on (Date)

Referral completed by: _____

Student's Name: _____

Student's Homeroom Teacher: _____

Vision Screening Results:

Date: _____

Near Vision: (Left) _____ (Right) _____ (BOTH) _____

Far Vision: (Left) _____ (Right) _____ (BOTH) _____

With glasses/corrective lenses

Without glasses/correction

Examiner: _____

Follow Up Needed: NO
 YES

(If YES, Explain): _____