

# Iowa KidSight Screening Cover Sheet

**PLEASE COMPLETE ALL SECTIONS**



## A. Screening Site Information:

### 1. Type of Screening (please X which type)

<input type="checkbox"/> Daycare	<input type="checkbox"/> WIC/ Public Health	<input type="checkbox"/> Preschool	<input type="checkbox"/> AEA # _____
<input type="checkbox"/> Advertised	<input type="checkbox"/> Kindergarten Roundup	<input type="checkbox"/> Head Start	<input type="checkbox"/> Other _____

2. **Date of Screening:** \_\_\_\_\_ Starting time: \_\_\_\_\_ Finishing time: \_\_\_\_\_

3. **Screening Site Name:** \_\_\_\_\_

Name entered in iScreen: \_\_\_\_\_

Person inviting you to site: \_\_\_\_\_

Contact Person: \_\_\_\_\_

(contact's name) (title) (phone number)

Address: \_\_\_\_\_

Site E-mail: \_\_\_\_\_

## B. Indicate where Results are to be returned (please X location), and where letter and Summary are to be sent:

<input type="checkbox"/>	Directly to the parents home.
<input type="checkbox"/>	Screening site location to be distributed by Screening Site Person. List address if different.

\_\_\_\_\_ (name) (address) (city) (state) (zip code)

Collaborative Contact, if any, who should receive **result letter and Result Summary** (AEA, School Nurse, etc.):

\_\_\_\_\_ (name) (address) (city) (state) (zip code)

## C. Preliminary Screening Results:

1. Total number of children screened: \_\_\_\_\_

2. Length of screening (in minutes): \_\_\_\_\_

3. iScreen digital camera serial number: \_\_\_\_\_

## CI. Reporting Information:

Lions Club Contact Information (where result letter should be sent):

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_  
(street) (city) (zip code)

3. Telephone number: \_\_\_\_\_

4. E-mail address: \_\_\_\_\_

5. Club name: \_\_\_\_\_ Lions District: \_\_\_\_\_

6. Photographer: \_\_\_\_\_

7. Recorder: \_\_\_\_\_

8. Supervisor in attendance, if any: \_\_\_\_\_

9. Other adult(s) present in screening room: \_\_\_\_\_

**Club Contact: Send all Consent Forms and this Screening Cover Sheet as soon as possible (within 1-2 days of the screening date) to: Iowa KidSight, 2431 Coral Court #5, Coralville, Iowa 52241**