

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: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
(contact's name) (title) (phone number)

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

**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.  MTI film camera or  iScreen digital camera serial number: \_\_\_\_\_

**D. Reporting Information:**

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

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

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

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

4. Email 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***