

Iowa KidSight Screening Cover Sheet

PLEASE COMPLETE ALL SECTIONS



A. Screening Site Information:

1. Type of Screening (please X which type)

<input type="checkbox"/>	Child Care Center	<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: _____

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 device 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