



Screening Event Summary

Please fill out this form for the screening event you just completed and submit to the HSB OKS Administrator for your District. You will also need to email the SpotResultsExtended.csv file for this event.

Screening Event Information

Date: _____ Spot SN: _____

Type of Event: School (id#): _____ Daycare (license#): _____ Public: _____ Other: _____

Event Name: _____ Address: _____

Site Coordinator: _____ Tel: _____ Email: _____

Lions Club Information

Club Name: _____ Club ID: _____ Zone: _____ District: _____

Lead Screener: _____ Tel: _____ Email: _____

Screening Summary (Total Screened = Total Complete + Total Recommended + Total Flagged.)

Potential # that could be Screened: _____ Total # that were Screened: _____

Total # Screening Complete: _____ Total # Eye Exam Recommended: _____

Total # Screening Flagged: _____

Notes from Screening: _____

Transmitting Event Information

For all events, please email the SpotResultsExtended.csv file to the **KidSight OKS Administrator** for your District. This Screening Event Summary form can be emailed or sent by hardcopy if needed. For Public and Other events, the Club should keep, a copy of the Consent forms for all referrals for later follow-up.

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Instructions for Filling out Screening Event Summary

Screening Event Information

Date: the date when the screening was done **Spot Serial No:** the SN # is on the bottom of the Spot
To find the **school id#** or daycare license# go to the www.oksnh.org website. On the home page, the article on School and Daycare Listings for NH will have a report for each district. The ID column in the report will have either the id# for schools or the license# for daycares to insert. If the daycare does not have a license# you will need to ask the Site Coordinator for it. Just insert a check mark for a Public Event or Other,

Type of Event: School (id#): _____ Daycare (license#): _____ Public: ___ Other: ___

For **Event Name** use the name of the school or daycare and for Public or Other events the name of the event (e.g. Wellness Festival) or the location if the Lions hosted the event (e.g. Tuttle Library)

Event Name: _____ **Address:** _____

We should list who our primary contact was. For a school, it is usually the school nurse, for daycare the Director, and for a Public event, it will probably be whoever arranged the space for us.

Site Coordinator: _____ **Tel:** _____ **Email:** _____

Lions Club Information

Club Name: The name of Lion's Club that led the screening

Club ID #: Get from your club secretary **Zone #:** Check with your Zone Coordinator

Fill in the contact information for who was responsible for the screening, so they can be contacted if there are any questions about what was submitted.

Lead Screener: _____ **Tel:** _____ **Email:** _____

Screening Summary

For a school, the potential # to be used is the # of children that could have been screened at your event. For example, if you screened K and 1st grade you would use the total # of students in those classes. For daycare, it is the number of children enrolled at that location. For Public and Other you can leave the potential # blank. The Total # screened is the # of screenings you did at this event.

Potential # that could be Screened: _____ **Total # that were Screened** _____

(Total Screened = Total Complete + Total Recommended + Total Flagged.)

This is a breakdown, of the total # of those that were Screened, where the **Total # Screening Complete** is where no serious vision problems were detected,

Total # Eye Exam Recommended, and **Total # Screenings Flagged** is **Screening Flagged**.

Total # Screening Complete: _____ **Total # Eye Exam Recommended:** _____ **Total # Screenings Flagged:** _____

This can be used to provide feedback on leanings from the event, feedback for improvements to KidSight, the names of the other clubs participating in the event, etc.

Notes from Screening: _____