

CHDP Vision Screening Training Sign-Off Sheet

Training Date:

Signed-off By:

| Name: | | | | | |
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| 1. Positions Child Correctly on "Heel Line" | | | | | |
| 2. Completes All Conditioning Steps – A. Plays game close to child B. Plays game standing at chart | | | | | |
| 3. Completes Screening Both Eyes – Cooperative Child | | | | | |
| 4. Uses Consistent Terms for Shapes (Ball or Circle, etc.) | | | | | |
| 5. Avoids Asking Questions (including OK?) | | | | | |