

SCREENING FEEDBACK REPORT –

TEAM CAPTAIN:

TEAM CAPTAIN-PLEASE COMPLETE FORM AND EMAIL via PHONE A PICTURE COPY TODAY TO Club Service Chairperson

1. DATE OF SCREENING _____

2. SITE NAME _____

3. NUMBER SCREENED _____

4. NUMBER OF REFERRALS: Vision _____

Hearing _____

5. LIONS' SCREENING PREPARATION ISSUES IF ANY

- a. School never received forms
- b. School received forms but never sent home for parents signature
- c. Equipment issues
 - i. Vision _____
 - ii. Hearing equipment _____
 - iii. Auxiliary equipment _____
- d. Training Issues _____

6. SUGGESTIONS

7. Number of Lions/volunteers _____

Total Hours _____

12/19/22