

“Early Childhood Vision Screening”

**Location Survey Form (send at least two months prior to screening)
(Attach \$200.00 check made out to “ECVS/ROATx” to this form)**

Date Form Completed: ____ / ____ / ____

Organization: _____

Address of Screening: _____

City _____ State _____ Zip Code _____

Proposed Date for the Screening Event: ____ / ____ / ____ (Saturdays only)

Time Screening is to be held: (two hours maximum) _____

Contact Person from the Event: _____

Contact Person’s phone number: _____ Fax Number: _____

Contact Person’s Address: _____

Contact Person’s Email Address: _____

Expected Number of Children to be Screened: _____

Facility Description

- Public / Private School Child Care Facility
- Government / Military Civic / Community Organization
- Retail Store, Name: _____
- Other: _____

Equipment Availability (circle YES or NO)

- Semi-Dark Room YES NO
- 10 (Minimum) Adult Sized Chairs YES NO
- 10 (Minimum) Child Sized Chairs YES NO
- Three 6 Foot Tables YES NO
- Electric Outlets in screening area YES NO
- Signs, Balloons and Banners YES NO
- Waiting Area nearby YES NO
- Restrooms nearby YES NO

Early Childhood Vision Screening, 1308 W. Anderson Ln, Austin, TX 78757