

Sponsoring Club:

Protocol #1
Wall Chart Only
Vision Screening

rev. 4/29/25

School: _____

Date: _____

Teams	Volunteer
Refer to Volunteer Roles and Responsibilities chart for explanation of your assignment	
VISION ACUITY TEAM STATION:	
Teams	Volunteer
VISION ACUITY TEAM #1	
VAT #1: Vision Acuity tester	
VAT #1: Visual Acuity tester Assistant	
VAT #1: Recorder for wall chart test	
VISION ACUITY TEAM #2	
VAT #2: Vision Acuity tester	
VAT #2: Visual Acuity tester Assistant	
VAT #2: Recorder for wall chart test	
VISION ACUITY TEAM #3	
VAT #3: Vision Acuity tester	
VAT #3: Vision Acuity tester Assistant	
VAT #3: Recorder for wall chart test	
VISION ACUITY TEAM STATION	
Teams	Volunteer
VISION ACUITY TEAM #4	
VAT #4: Vision Acuity tester	
VAT #4: Vision Acuity tester Assistant	
VAT #4: Recorder for wall chart test	
VISION ACUITY TEAM #5	
VAT #5: Vision Acuity tester	
VAT #5: Vision Acuity tester Assistant	
VAT #5: Recorder for wall chart test	
VISION ACUITY TEAM #6	
VAT #6: Vision Acuity tester	
VAT #6: Vision Acuity tester Assistant	
VAT #6: Recorder for wall chart test	
VISION ACUITY TEAM #7	
VAT #7: Vision Acuity tester	
VAT #7: Vision Acuity tester	
VAT #7: Recorder for wall chart test	
VISION ACUITY TEAM #8	
VAT #8: Vision Acuity tester	
VAT #8: Vision Acuity tester Assistant	

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VAT #8: Recorder for wall chart test	
DATA RECORDER TEAM STATION	
DATA RECORDER TEAM	
DRT #1-check forms/give rewards	
DRT #2 - Complete Data Summary Sheet	
Be sure to give Vision Screening School Summary and Student Permission forms to Lion Vision Screening Coordinator: _____	