

**DECISION-MAKING AND ACTION-TAKING  
Action Worksheet**

	COLUMN I	COLUMN II
<b>DECISION:</b>	<b>I am referring.</b>	<b>I am not referring.</b>
<b>ACTION:</b>	Record of Referral and Follow-up  <input type="checkbox"/> Write YES on the <u>Record of Referral and Follow-up</u> form.	Record of Referral and Follow-up  <input type="checkbox"/> Write NO on the <u>Record of Referral and Follow-up</u> form.
	<u>Eye Examination Referral Letter</u> Completed  <input type="checkbox"/> Copy the content of the YES responses from the <u>0-5 Vision Screening</u> into the problem boxes on the top of the <u>Early Childhood Eye Examination Referral Letter</u> .	Not Applicable.
	Discussion with Parent  <input type="checkbox"/> Talk to the parent/caregiver about vision concerns identified:  <input type="checkbox"/> Give the <u>Early Childhood Eye Examination Referral Letter</u> to the parent and ask him/her to tell you when the eye examination is scheduled (as appropriate)  <hr/> <i>Date of eye examination:</i>	Discussion with Parent  <input type="checkbox"/> Let parent know that problems were not noted at this time
	Referral and Follow-up  <input type="checkbox"/> Using the <u>Record of Referral and Follow-up</u> form, record:  <input type="checkbox"/> dates of referral <input type="checkbox"/> date of examination <input type="checkbox"/> the visual acuity <input type="checkbox"/> any treatment <input type="checkbox"/> vision problem specified by the eye doctor, and <input type="checkbox"/> date of referral for evaluation for vision impairment services (if necessary)	Referral and Follow-up  <input type="checkbox"/> Continue to observe or screen later:  <hr/> <i>Anticipated date for repeating 0-5 Vision Screening</i>

Form adapted from form found on [www.visionsurvey.net](http://www.visionsurvey.net)