

APPENDIX A – Sample MCT Recording Sheet
(SCHOOL LETTERHEAD)

Student Name: _____ Grade: _____

Visual Acuity was performed on the following date: _____

Visual Acuity Results for Far Vision

Right Eye: _____ Left Eye: _____

Visual Acuity Results for Near Vision

Right Eye: _____ Left Eye: _____

MCT Screening Results Conducted by an Eye Professional

Refractive Eye Exam: PASS or FAIL

Eye Health: PASS or FAIL

Eye Binocular Coordination Exam: PASS or FAIL

COMMENTS:

FINAL RESULTS:

- _____ This student **passed** the MCT Eye Exam.
- _____ This student **failed** the MCT Eye Exam and should be seen by an eye professional for further evaluation.
- _____ This student received a **borderline** result and will be rescreened by the school nurse upon request of the parent, teacher or entrance into 2nd grade – whichever comes first.

(List Name of Eye Professional and Date of MCT Screening, have Eye Professional sign his/her name or circle his/her name from a list.)