

# Third Grade Reading Program Report

Please return to MOA by August 23, 2024

<u>Date Seen</u>	<u>Student Initials</u>	<u>Gender</u>	<u>Age</u>	<u>Name of School</u>	<u>*Dx*</u>	<u>*RX Needed Y or N</u>	<u>Refraction Eye L or R</u>	<u>Referral</u>	<u>Please select one of the following:</u>	<u>Please select one of the following:</u>
Click or tap to enter a date.		Choose an item.				Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
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Dr. Name \_\_\_\_\_

County: \_\_\_\_\_