**HEARING/VISION SCREENING REPORT**

|  |  |  |  |
| --- | --- | --- | --- |
| **PERSONAL DATA** | | | |
| **Child’s Name:** | **Race/Ethnicity:** | **Gender:** | **DOB:** |
| **District/School:** | **MSIS #:** | **Grade:** | **Age:** |

PART I – INSTRUMENTAL ASSESSMENT

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A. HEARING SCREENING** | | | | | | | | |  | **B. VISION SCREENING** | | | | | | | |
| Instrument: | | | | | | | | |  | Instrument: | | | | | | | |
|  | | **1st Screening** | | **2nd Screening** | | | | |  |  | | **1st Screening** | | **2nd Screening** | | | |
| 1000 Hz / 25 dB | | L Ear |  | L Ear | |  | | |  | Screened wearing glasses? | | YES |  | YES | |  | |
| R Ear |  | R Ear | |  | | |  | NO |  | NO | |  | |
| 2000 Hz / 25 dB | | L Ear |  | L Ear | |  | | |  | Near Vision (Both Eyes) | | **PASS** |  | **PASS** | |  | |
| R Ear |  | R Ear | |  | | | **FAIL** |  | **FAIL** | |  | |
| 4000 Hz / 25 dB | | L Ear |  | L Ear | |  | | | Far Vision Left Eye  Right Eye  Both Eyes | | */* | | */* | | | |
| R Ear |  | R Ear | |  | | |  | */* | | */* | | | |
| Optional: | | L Ear |  | L Ear | |  | | |  | */* | | */* | | | |
| R Ear |  | R Ear | |  | | | **PASS** |  | **PASS** | |  | |
| **Hearing** | | **PASS** |  | **PASS** | |  | | |  | **FAIL** |  | **FAIL** | |  | |
| **FAIL** |  | **FAIL** | |  | | |  |  | | | | | |
| **EXAMINER**  **DATE** | | | | | | | | |  | **EXAMINER**  **DATE** | | | | | | | |
|  |
| PART II – FUNCTIONAL ASSESSMENT – TO BE COMPLETED BY SOMEONE FAMILIAR WITH THE CHILD | | | | | | | | | | | | | | | | | |
| **A. HEARING** | | | | | **YES** | | **NO** | |  | **B. VISION** | | | | | **YES** | | **NO** |
| 1. | Does the child respond to his or her name when called? | | | |  | |  | |  | 1. | Does the child follow an object with his or her eyes? | | | |  | |  |
| 2. | Does the child respond to a noise that occurs out of his or her line of sight (e.g., ringing bell or jingling keys)? | | | |  | |  | |  | 2. | When using a drawing/writing implement (e.g., pencil, crayon, or paintbrush) does the child follow markings with his or her eyes? | | | |  | |  |
| 3. | Does the child interact with others verbally? | | | |  | |  | |  | 3. | Does the child pick up objects placed on a table or the floor? | | | |  | |  |
| 4. | Can the child identify a body part when requested to do so verbally? | | | |  | |  | |  | 4. | Does the child reach for objects being handed to him or her? | | | |  | |  |
| 5. | Does the child respond to simple verbal commands? | | | |  | |  | |  | 5. | Does the child reach for objects unaided or without direction from teacher? | | | |  | |  |
| 6. | Can the child point to a person or objects when asked? | | | |  | |  | |  | 6. | Does the child look at an object or scan an image placed in front of him or her? | | | |  | |  |
| 7. | Does the child imitate the speech of others? | | | |  | |  | |  | 7. | Does the child look at pictures in a book? | | | |  | |  |
| 8. | Does the child turn his or her eyes and/or head toward a voice? | | | |  | |  | |  | 8. | Does the child turn his or her eyes and/or head toward a light that is introduced? | | | |  | |  |
| 9. | Does the child react when told “No!”?  (NOTE: Compliance is not required.) | | | |  | |  | |  | 9. | Does the child watch his or her own hand movements? | | | |  | |  |
| 10. | Does the child attend to music or songs sung to him or her? | | | |  | |  | |  | 10. | Does the child look at himself or herself in a mirror? | | | |  | |  |
|  |  | | | |  | | |  |  | 11. | Does the child turn his or her eyes and/or head to search for an object moved out of his or her line of sight? | | | |  | |  |
| **EXAMINER**  **DATE** | | | | | | | | |  | **EXAMINER**  **DATE** | | | | | | | |

Describe additional behaviors in hearing/vision that should be considered in assessment and educational programming: