**HEARING/VISION SCREENING REPORT**

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

PART I – INSTRUMENTAL ASSESSMENT

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| --- | --- | --- |
| **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 EyeRight EyeBoth 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: