

Student: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

**Vision Screening**

**Date of Screening:** \_\_\_\_\_

**Screening Administered By:** \_\_\_\_\_

<b>1. PRE-SCREEN QUESTIONS</b>	Does the student wear glasses? ___ YES ___ NO	Does the student have glasses prescribed, but is not wearing them for screening? ___ YES ___ NO	Was the screening completed without glasses? ___ YES ___ NO
2a. PRE-K (ages 3-5 and not yet in K5 or those unable to participate otherwise)	<b>Function Evaluated</b>  LINEAR DISTANCE VISUAL ACUITY	<b>Passing Criterion</b>  - 3 years (36-47 months) 20/50 - 4 years (48-59 months) 20/40 *Child must identify or match 4 out of 5 letters or symbols on the critical line with each eye tested monocularly.	<b>Met Criterion</b>  ___ YES ___ NO
	OCULAR ALIGNMENT and STEREOPSIS	*Child must locate stereo E on 4 out of 5 presentations. Done binocularly with polarized glasses on.	___ YES ___ NO
2b. SCHOOL AGE	<b>Function Evaluated</b>  LINEAR DISTANCE VISUAL ACUITY	<b>Passing Criterion</b>  - 5 years and older - 20/30 or 20/32 *Child identified 80% of the letters or symbols on the critical line with each eye tested monocularly.	<b>Met Criterion</b>  ___ YES ___ NO
	LINEAR NEAR VISUAL ACUITY	*Child correctly identified 80% of the letters/symbols on the critical line of the near card or the near slide in the testing machine.	___ YES ___ NO
	OCULAR ALIGNMENT and STEREOPSIS	*Child located stereo E on 4 out of 5 presentations	___ YES ___ NO
<b>3. POST SCREENING QUESTIONS</b>	Was the student compliant with screening? ___ YES ___ NO	Is a rescreening at a later date recommended? ___ YES ___ NO	<b>4. Are additional assessments warranted in the area of vision?</b>  ___ YES ___ NO

**Hearing Screening**

**Date of Screening:** \_\_\_\_\_

**Screening Administered By:** \_\_\_\_\_

<b>1. PRE-SCREEN QUESTIONS</b>	Does the student wear a hearing amplification device? ___ YES ___ NO	*Does the student have a hearing device, but it is not worn for screening? ___ YES ___ NO	Was the screening completed without hearing amplification device? ___ YES ___ NO <b>*If student has hearing amplification device, hearing should be screened yearly.</b>	
<b>2. Right Ear</b>	<b>dB</b>	<b>3. Left Ear</b>	<b>dB</b>	<b>Criterion</b>
1000	20 (*30 / 40)	1000	20 / (*30 / 40)	Pass = Student passed each frequency (1000 Hz, 2000 Hz, and 4000 Hz) <b>at 20 dB</b> is required for both ears. *30 and 40 dB are optional
2000	20 (*30 / 40)	2000	20 / (*30 / 40)	
4000	20 (*30 / 40)	4000	20 / (*30 / 40)	
<b>4. POST SCREENING QUESTIONS</b>	Was the student compliant with screening? ___ YES ___ NO	Is there suspicion of upper respiratory or ear infection? Excessive cerumen? ___ YES ___ NO <b>*If yes, rescreen the student in 2 weeks</b>		<b>5. Are additional assessments warranted in the area of hearing?</b> ___ YES ___ NO

**Notes/Comments:**