## Appendix B: Hearing/Vision Screening Report

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| **Child’s Name:** *Enter Child’s Name* **Race or Ethnicity:** *Enter text* |
| **Gender:** *Enter text* **DOB:** *Select Date of Birth* |
| **District/School:** *Enter District or School Name* |
| **MSIS#:** *Enter MSIS Number* **Grade:** *Enter Grade* **Age:** *Enter Age* |

**Part 1 – INSTRUMENTAL ASSESSMENT**

**A. Hearing Screening B. Vision Screening**

| Instrument: |  | Instrument: |
| --- | --- | --- |
|  | **1st Screening** | **2nd Screening** |  | **1st Screening** | **2nd Screening** |
| 1000 Hz/25 dB | L Ear | *Select* | *L Ear*  | *Select* | Screened wearing Glasses? | *Select Yes or No* | *Select Yes or No* |
| R Ear | *Select* | *R Ear* | *Select* |
| 2000 Hz/25 dB | L Ear | *Select* | *L Ear*  | *Select* | Near Vision (Both Eyes)  | *Select PASS or FAIL* | *Select PASS or FAIL* |
| R Ear | *Select* | *R Ear* | *Select* |
| 4000 Hz/25 dB | L Ear | *Select* | *L Ear* | *Select* | Far Vision Left Eye | Enter | / Enter | Enter | /Enter |
| R Ear | *Select* | *R Ear* | *Select* | Right Eye | Enter | / Enter | Enter | /Enter |
| Optional | L Ear | *Select* | *L Ear* | *Select* | Both Eyes | Enter | / Enter | Enter | /Enter |
| R Ear | *Select* | *R Ear* | *Select* | Vision | *Select PASS or FAIL* | *Select PASS or FAIL* |
| **Hearing**  | *Select PASS or FAIL* | *Select PASS or FAIL* |
| **Examiner Date** *Select a date* | **Examiner Date** *Select a date* |

| **A. HEARING** | **YES or No** |  | **B. VISION** | **YES or NO** |
| --- | --- | --- | --- | --- |
| 1. Does the child respond to his or her name when called?
 | *Select PASS or FAIL* |  | 1. Does the child follow an object with his or her eyes?
 | *Select PASS or FAIL* |
| 1. Does the child respond to a noise that occurs out of his or her line of sight (e.g., ringing bell or jingling keys)?
 | *Select PASS or FAIL* |  | 1. When using a drawing/writing implement (e.g., pencil, crayon, or paintbrush) does the child follow markings with his or her eyes?
 | *Select PASS or FAIL* |
| 1. Does the child interact with others verbally?
 | *Select PASS or FAIL* |  | 1. Does the child pick up objects placed on a table or the floor?
 | *Select PASS or FAIL* |
| 1. Can the child identify a body part when requested to do so verbally?
 | *Select PASS or FAIL* |  | 1. Does the child reach for objects being handed to him or her?
 | *Select PASS or FAIL* |
| 1. Does the child respond to simple verbal commands?
 | *Select PASS or FAIL* |  | 1. Does the child reach for objects unaided or without direction from the teacher?
 | *Select PASS or FAIL* |
| 1. Can the child point to a person or an object when asked?
 | *Select PASS or FAIL* |  | 1. Does the child look at an object or scan an image placed in front of him or her?
 | *Select PASS or FAIL* |
| 1. Does the child imitate the speech of others?
 | *Select PASS or FAIL* |  | 1. Does the child look at pictures in a book?
 | *Select PASS or FAIL* |
| 1. Does the child turn his or her eyes and/or head toward a voice?
 | *Select PASS or FAIL* |  | 1. Does the child turn his or her eyes and/or head toward a light that is introduced?
 | *Select PASS or FAIL* |
| 1. Does the child react when told “No!”? (NOTE: Compliance is not required.)
 | *Select PASS or FAIL* |  | 1. Does the child watch his or her own hand movements?
 | *Select PASS or FAIL* |
| 1. Does the child attend to music or songs sung to him or her?
 | *Select PASS or FAIL* |  | 1. Does the child look at himself or herself in a mirror?
 | *Select PASS or FAIL* |
|  |  |  | 1. 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?
 | *Select PASS or FAIL* |
| **Examiner Date** *Select a date* |  | **Examiner Date** *Select a date* |

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