VISION AND HEARING SCREENING FORM

WHO MUST BE SCREENED: 4-years old by September 1st; Kindergarteners; Any other first-time entrants (4 years through12 grade) *Must be completed within 120 days of admission

All 1st, 3rd, 5th and 7th graders * Anytime within the school year (preferably within 120 days of admission)

Name:	DOB:			
Screening Date:	Male:	Female:	Age:	
VISION				
Color:				
Visual Acuity: Both eyes 20/ Pass_	Fail	- , 0		
Right eye 20/ Pass Fail Le	eft eye 20/ Pass	Fail		
Hyperopia Test: Pass Fail				
Worth 4-Dot Test: Pass Fail	Hirschberg Test:	Pass	Fail	
Near Point of Convergence: Pass Fail	Depth Perception: P	ass	_Fail	
Screened with glassesPossible muscle	imbalance			
Symptoms observed				
No Problem: Problem:				
Needs Follow up:				
Comments:				
Signed:	Da	ote	——————————————————————————————————————	
HEARING				
Audiometric Screening: 500 Hz 750 Hz 1000 H	Iz 2000 Hz 3000 Hz 4000) Hz		
6000Hz 8000Hz				
Right:				
Left:	_			
No Problem:Problem:				
Needs Followup:				
Comments:	·			
Signed:	Date			