

**Shelton Language/Speech Clinic
Vision/Hearing Screening
2020 – 2021**

PLEASE COMPLETE ALL FIELDS OF THIS FORM

Child's Name _____ Month of admission _____ Year _____

Date of Birth _____ Parent Email Address _____

Parent Name _____ Age at admission _____

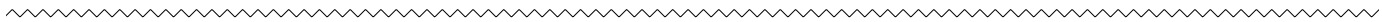
For **NEW** students and students in **EC, Pre-Primary, Grades 1, 3, 5, 7 and 9**.

Chapter 36 of the Texas Department of Health's Health and Safety Code requires that all children enrolled for the first time in a public or private school in Texas, or who are enrolled in **Preschool/Pre-Primary (Kindergarten) or in Grades 1, 3, 5, 7 and 9** must be screened for vision and hearing acuity.

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| PLEASE CHECK HERE IF YOUR CHILD IS NEW TO SHELTON. | |
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REQUIRED SCREENING. Please circle the grade your child will be entering in **2020/2021**:

EC Pre- 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th
 Primary new new new new new new new new



MEDICAL HISTORY

Please check if your child has had any of the following:

Hearing:

- _____ 1. Hearing loss
- _____ 2. Draining ears
- _____ 3. Holes in eardrums
- _____ 4. Chronic ear infections
- _____ 5. Ear surgeries
- _____ 6. Other (please explain)

Vision:

- _____ 1. Rubbing eyes
- _____ 2. Tilting /turning head
- _____ 3. Squinting
- _____ 4. Wandering eye
- _____ 5. **Wears glasses or contacts**
- _____ 6. Other (please explain)

Other: _____