



FDLRS East Child Find

Brevard County
Educational Services Facility
2700 Judge Fran Jamieson Way
Viera, FL 32940
(321) 633-1000, extension 11552

Volusia County
Palm Terrace Elementary
1825 Dunn Avenue
Daytona Beach, FL 32114
(386) 734-7190, extension 52841

VISION AND HEARING SCREENING QUESTIONNAIRE

Child's Name: _____ Date of Birth: _____
Date: _____ Gender: Male _____ Female _____

VISION CONSIDERATIONS

Has the child been referred to or evaluated by an eye doctor? Yes ___ No ___
Where _____ Date Tested _____
Does the child have an eye that turns up, down, in or out independently of the movement of the other eye? Yes ___ No ___
Can the child follow with his or her eyes a moving target held approximately ten or twelve inches in front of him or her? Yes ___ No ___
When following a moving target with his or her eyes, can the child easily move his or her eyes past his or her body midline? Yes ___ No ___
Does the child blink excessively? Yes ___ No ___
Does the child rub eyes frequently? Yes ___ No ___
Does the child turn head to favor one eye when looking at something? Yes ___ No ___
Does the child close or cover one eye frequently? Yes ___ No ___
Does the child frequently hold things very close to his or her face to see them? Yes ___ No ___
Are you concerned with the child's vision? Yes ___ No ___
If so, why?

VISION: PASS ___ FAIL ___ May want to consider follow up ___

HEARING CONSIDERATIONS

Did the child pass the newborn hearing screening? Yes ___ No ___
Does the child look when name is called if he or she is not already looking at the caller? Yes ___ No ___
Does the child respond when given simple directions? Yes ___ No ___
Does the child react to loud or unexpected loud noises? (Flinch or cover his or her ears?) Yes ___ No ___
Does the child say words clearly? (Examples: mama, dada, yes, no) Yes ___ No ___
Does the child notice and or imitate environmental sounds such as a dog barking or a plane overhead? Yes ___ No ___
Is there a medical history of infections, tubes, wax buildup, etc.? Yes ___ No ___
Are you concerned with the child's hearing? Yes ___ No ___
If so, why?

HEARING: PASS ___ FAIL ___ May want to consider follow up ___

ADDITIONAL COMMENTS

Interviewer Signature/Title

Parent Signature