



Screening Documentation

Vision and Hearing

Student:		Grade:	
Class/Teacher Name:		Date:	

*Vision Screening:

- Date: _____
- Circle One: Passed Failed-Notify Parent
- Notes: _____

Administered by: _____

*Hearing Screening:

- Date: _____ Date: _____
- Circle One: Passed Failed-Re-screen Passed Failed- Notify Parent
- Notes: _____

Administered by: _____

*Parent should be notified if the student fails the vision screening. Re-screen in two weeks if the student fails the hearing screening. Parent should be notified if the student fails the second hearing screening. Parents need to provide a physician's statement in regards to any failed screening or inform the school if the student has been prescribed glasses etc. Students are to start interventions if he or she fails the speech/language screening. *FRC/YSC can work with parents who may need assistance. They have applications for assistance with vision exams and glasses from Quality Care for Kids at Elementary Level and Lions Club at Middle and High School.