

**Shelton Language/Speech Center
Vision/Hearing Screening
2023 - 2024**

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 **ANY NEW** students and all students in **EC, Pre-Primary, and 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.

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 2023-2024:

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

Please return this completed form to Stephanie Weatherford at sweatherford@shelton.org