Shelton Language/Speech Center
Vision/Hearing Screening
2027- 2028

PLEASE COMPLETE ALL FIELDS ON 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.	

REQUIRED SCREENING. **Please circle the grade your child will be entering in 2027-2028:**

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