

HEARING/VISION SCREENING RESULTS

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|---------------|------|
| Student Name: | Age: |
|---------------|------|

| | |
|--|-------------------------------|
| School: <input type="checkbox"/> AES <input type="checkbox"/> AMS <input type="checkbox"/> AHS <input type="checkbox"/> HFAC <input type="checkbox"/> Headstart | BENTON COUNTY SCHOOL DISTRICT |
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PART I

A. HEARING SCREENING

Instrument: Audiometer

| | 1 st Screening | 2 nd Screening |
|----------|---------------------------|---------------------------|
| PASS | | |
| FAIL | | |
| EXAMINER | | |
| DATE | | |

B. VISION SCREENING

Instrument: Snellen

| | 1 st Screening | | 2 nd Screening | |
|---------------------------|---------------------------|--|---------------------------|--|
| | YES | | YES | |
| Screened wearing glasses? | NO | | NO | |
| Both Eyes | | | | |
| Right Eye – Far Vision | | | | |
| Left Eye – Far Vision | | | | |
| Near Vision | PASS | | PASS | |
| | FAIL | | FAIL | |
| FIRST SCREENING | EXAMINER DATE | | | |
| SECOND SCREENING | EXAMINER DATE | | | |

PART II

If an attempt is made to condition a severely handicapped child for hearing/vision screening and no response can be obtained, then a quantitative description of the child's hearing/vision must be completed by an individual who works with the child.

| A. HEARING | | |
|--|-----|----|
| EXAMINER: | | |
| DATE: | | |
| | YES | NO |
| 1. Does subject respond to noise, i.e. ringing bell, rattle, etc.? | | |
| 2. Does subject respond to name when called? | | |
| 3. Does subject interact verbally or with gestures? | | |
| 4. Can subject identify body part on verbal command? | | |
| 5. Does subject respond to simple verbal commands? | | |
| 6. Can subject point to person or objects when asked? | | |
| 7. Is imitation of speech present? | | |
| 8. Does subject's eyes and/or head turn toward a voice? | | |
| 9. Does subject react to (not necessarily stop) an activity when he hears "No! No!"? | | |
| 10. Does subject attend to songs sung to him? | | |

| B. VISION | | |
|---|-----|----|
| EXAMINER: | | |
| DATE: | | |
| | YES | NO |
| 1. Does subject follow an object with eyes? | | |
| 2. When using a pencil, crayon, paintbrush, etc., does subject follow markings with his eyes? | | |
| 3. Does subject pick up objects from table or floor? | | |
| 4. Does subject reach for objects when handed to him? | | |
| 5. Does subject grasp objects unaided or without direction from teacher? | | |
| 6. Does subject look at an object when placed before him? | | |
| 7. Does subject look at pictures in a book? | | |
| 8. Do eyes and head turn toward a light that is introduced? | | |
| 9. Does subject watch own hand movements? | | |
| 10. Does subject look at self in mirror? | | |
| 11. Does subject use a visual searching technique when objects are placed out of sight? | | |

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| Describe additional behaviors in hearing/vision that should be considered in assessment and educational programming: <hr/> <hr/> |
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