

## Vision / Hearing Screening

Return Fax: 951-489-0494

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Charter School: ☐ River Springs ☐ Citrus Springs ☐ Empire Springs ☐ Vista Springs ☐ Pacific Springs ☐ Harbor Springs

Site/Program: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ City of Residence: \_\_\_\_\_ Phone: \_\_\_\_\_

*This form is to be completed only by practitioners certified to provide school vision and hearing screenings.*

### Symptoms Checklist:

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> headache        | <input type="checkbox"/> can't see to read | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> blurry vision   | <input type="checkbox"/> lost glasses      |                                      |
| <input type="checkbox"/> can't see board | <input type="checkbox"/> broken glasses    |                                      |

### VISION SCREENING

☐ Student wears glasses

☐ Student screened with glasses

NEAR - R	NEAR - L	DISTANCE - R	DISTANCE - L	COLOR
20/	20/	20/	20/	2nd grade males All IEP's initial and tri
<input type="checkbox"/> Pass <input type="checkbox"/> Fail		<input type="checkbox"/> Pass <input type="checkbox"/> Fail		<input type="checkbox"/> Pass <input type="checkbox"/> Fail

*\*Pass is 20/30 (ages 7-18) or 20/40 for kinder (age 6 or younger)*

### HEARING SCREENING - screened at 20db not to exceed 25db

#### Initial Screening

#### Screening Retest

Right	Left	Right	Left
1000	1000	1000	1000
2000	2000	2000	2000
4000	4000	4000	4000
<input type="checkbox"/> Pass <input type="checkbox"/> Retest		<input type="checkbox"/> Pass <input type="checkbox"/> Refer	

*Hearing impaired students are not screened because they are followed by an audiologist*

Name (printed): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

110123

#### School use only:

- |  |   |
|--|---|
| <input type="checkbox"/> Permission signed | <input type="checkbox"/> Copy in student file |
| <input type="checkbox"/> Assessment Plan   | <input type="checkbox"/> Results in SEIS      |
| <input type="checkbox"/> Results in OASIS  | <input type="checkbox"/> SEIS Non-IEP Billing |