

HEARING/VISION SCREENING RESULTS

DI-SE-F55

Revised, August 1992

Student Name:	Age:
School:	District:

PART I

A. HEARING SCREENING

Instrument:

	1st Screening	2nd Screening
PASS		
FAIL		
EXAMINER		
DATE		

B. VISION SCREENING

Instrument:

	1st Screening		2nd Screening	
Screened wearing glasses?	YES		YES	
	NO		NO	
Both Eyes				
Right Eye - Far Vision				
Left Eye - Far Vision				
Near Vision	PASS		PASS	
	FAIL		FAIL	
FIRST SCREENING	EXAMINER			
SECOND SCREENING	EXAMINER			
	DATE			
	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.?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does subject respond to name when called?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does subject interact verbally or with gestures?	<input type="checkbox"/>	<input type="checkbox"/>
4. Can subject identify body part on verbal command?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does subject respond to simple verbal commands?	<input type="checkbox"/>	<input type="checkbox"/>
6. Can subject point to person or objects when asked?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is imitation of speech present?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does subject's eyes and/or head turn toward a voice?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does subject react to (not necessarily stop) an activity when he hears "No! No!"?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does subject attend to songs sung to him?	<input type="checkbox"/>	<input type="checkbox"/>

B. VISION

EXAMINER:

DATE:

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

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