

Screening Report

Date :	Date of Birth:
Student:	School:
Student ID No:	Referred by:
Grade: Teacher:	Primary Language:
Reason for Screening:	

Hearing				Vision			
	1000 Hz	2000 Hz	4000 Hz		FAR	NEAR	Circle One
R				Right	20/	20/	P F
L				Left	20/	20/	P F
Audiometric screening at 25db					Muscle Balance	Plus lens (+ 1.75)	Color Perc.
Passed:		Failed:			P F	P F	P F
Comments:				Comments			
Person Responsible/Position:				Person Responsible/Position:			
Instrument				Instrument			
Used: _____				Used: _____			
Date: _____				Date: _____			
Further Evaluation Required: __Yes __ No				Further Evaluation Required: __Yes __ No			
If yes, attach report.				If yes, attach report.			

Results of follow up:
