

**YAZOO COUNTY SCHOOL DISTRICT ⑩ OFFICE OF SPECIAL EDUCATION  
HEARING/VISION SCREENING REPORT**

**PERSONAL DATA**

<b>Child's Name:</b>	<b>Race/Ethnicity:</b>	<b>Gender:</b>	<b>DOB:</b>
<b>School:</b>	<b>MSIS #:</b>	<b>Grade:</b>	<b>Age:</b>

**PART I – INSTRUMENTAL ASSESSMENT**

**A. HEARING SCREENING**

Instrument:

	1 <sup>st</sup> Screening		2 <sup>nd</sup> Screening	
1000 Hz / 25 dB	L Ear		L Ear	
	R Ear		R Ear	
2000 Hz / 25 dB	L Ear		L Ear	
	R Ear		R Ear	
4000 Hz / 25 dB	L Ear		L Ear	
	R Ear		R Ear	
Optional:	L Ear		L Ear	
	R Ear		R Ear	
<b>Hearing</b>	<b>PASS</b>		<b>PASS</b>	
	<b>FAIL</b>		<b>FAIL</b>	

**EXAMINER  
DATE**

**B. VISION SCREENING**

Instrument:

	1 <sup>st</sup> Screening		2 <sup>nd</sup> Screening	
Screened wearing glasses?	YES		YES	
	NO		NO	
Near Vision (Both Eyes)	<b>PASS</b>		<b>PASS</b>	
	<b>FAIL</b>		<b>FAIL</b>	
Far Vision	Left Eye	/	Left Eye	/
	Right Eye	/	Right Eye	/
	Both Eyes	/	Both Eyes	/
	<b>PASS</b>		<b>PASS</b>	
	<b>FAIL</b>		<b>FAIL</b>	

**EXAMINER  
DATE**

**PART II – FUNCTIONAL ASSESSMENT – TO BE COMPLETED BY SOMEONE FAMILIAR WITH THE CHILD**

<b>A. HEARING</b>	<b>YES</b>	<b>NO</b>
1. Does the child respond to his or her name when called?		
2. Does the child respond to a noise that occurs out of his or her line of sight (e.g., ringing bell or jingling keys)?		
3. Does the child interact with others verbally?		
4. Can the child identify a body part when requested to do so verbally?		
5. Does the child respond to simple verbal commands?		
6. Can the child point to a person or objects when asked?		
7. Does the child imitate the speech of others?		
8. Does the child turn his or her eyes and/or head toward a voice?		
9. Does the child react when told "No!"? (NOTE: Compliance is not required.)		
10. Does the child attend to music or songs sung to him or her?		

**EXAMINER  
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<b>B. VISION</b>	<b>YES</b>	<b>NO</b>
1. Does the child follow an object with his or her eyes?		
2. When using a drawing/writing implement (e.g., pencil, crayon, or paintbrush) does the child follow markings with his or her eyes?		
3. Does the child pick up objects placed on a table or the floor?		
4. Does the child reach for objects being handed to him or her?		
5. Does the child reach for objects unaided or without direction from teacher?		
6. Does the child look at an object or scan an image placed in front of him or her?		
7. Does the child look at pictures in a book?		
8. Does the child turn his or her eyes and/or head toward a light that is introduced?		
9. Does the child watch his or her own hand movements?		
10. Does the child look at himself or herself in a mirror?		
11. Does the child turn his or her eyes and/or head to search for an object moved out of his or her line of sight?		

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

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