



Dr. Geneva Walters
Superintendent

Vision and Hearing Screening Results

Name:
Date:
Screener:

VISION SCREENING

Vision Acuity
Both Eyes
Right Eye
Left Eye

RESULTS

Passed
 Referred
 Wears corrective eyeglasses
Date of most recent exam by
Optometrist or Ophthalmologist

Comments:

HEARING SCREENING

Date:
Screener:
Right ear:
Left ear:

RESULTS

Passed
 Referred
Date of most recent
Audiological Evaluation

Comments: