|  |  |  |
| --- | --- | --- |
|  |  |  |
| Last Name, First Name |  | Date |
| Date of Birth |  | School |
| Grade Teacher |  | IEP RTI New Teacher Request Other |

**Vision Screening**

|  |  |  |
| --- | --- | --- |
| **Primary Photo Screening** |  | **Secondary Chart Screening** |
| Wearing Glasses / Contacts  Glasses Forgotten/Broken  Observation / Notes: |  | Observation / Notes:  SLOAN / LEA Chart: R: 20/ L: 20/  Plus Lens: R: L: |
| **Photo Results: Pass CNT Inconclusive/ Refer**  **Photo Vision Ref #:** |  | **Vision Chart Results: Pass / Refer** |
| **Vision Screening Results:**  **Pass CNT Refer Return to Nurse** | | |
| **Vision Referral by BOCES RN:** | | |
| **Reason for Photo Failure: Anisometropia / Astigmatism / Hyperopia / Myopia / Gaze Asymmetry / Anisocoria** | | |
| **First Referral Sent:** |  | **Second Referral Sent:** |
| Response: None Glasses Prescribed Normal Exam |  | Response: None Glasses Prescribed Normal Exam |
| Plan: Rescreen next year Rescreen with BOCES Schedule No follow up needed | | |



**Hearing Screening**

**Initial Screening: Second Screening Date:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Pure Tones** | Right | P | R  5:\_\_\_1k:\_\_\_ 2k: \_\_\_ 4k:\_\_\_ 6k:\_\_\_\_ | | CNT |  | **Pure Tones** | Right | P | R  5:\_\_\_1k:\_\_\_ 2k: \_\_\_ 4k:\_\_\_ 6k:\_\_\_\_ | | CNT |
| Left | P | R  5:\_\_\_1k:\_\_\_ 2k: \_\_\_ 4k:\_\_\_ 6k:\_\_\_\_ | | CNT |  | Left | P | R  5:\_\_\_1k:\_\_\_ 2k: \_\_\_ 4k:\_\_\_ 6k:\_\_\_\_ | | CNT |
| **OAE** | Right | P | R | | CNT |  | **OAE** | Right | P |  | | CNT |
| Left | P | R | | CNT |  | Left | P |  | | CNT |
| **Tymps** | Right | WNL | Neg.  Pressure:\_\_\_\_\_\_ | Flat  ECV: \_\_\_\_\_\_ | CNT |  | **Tymps** | Right | WNL | Neg.  Pressure:\_\_\_\_\_\_ | Flat  ECV: \_\_\_\_\_\_\_ | CNT |
| Left | WNL | Neg.  Pressure:\_\_\_\_\_\_ | Flat  ECV:\_\_\_\_\_\_\_ | CNT |  | Left | WNL | Neg.  Pressure:\_\_\_\_\_\_ | Flat  ECV: \_\_\_\_\_\_\_ | CNT |
| **Results:** | Pass CNT Rescreen Audiology Medical Referral  Follow up | | | | |  | **Results:** | Pass CNT Rescreen Audiology Medical Referral  Follow up | | | | | |
| **Comments:** | | | | | |  | **Comments:** | | | | | | |
|  | | | | | |  |  | | | | | | |
| **Audiologist Evaluation: Date:** | | | | | |  |  | | | | | | |
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