SCREENING RESULTS DOCUMENTATION FORM

**DIRECTIONS:**

* ***Students should complete this form for each Vision and Hearing screening session.***
* ***Students should report findings to the school nurse***
* ***Submit form with screening results to clinical faculty.***
* ***Note: Cumulative screening results should be reported as part of the project outcomes documentation during the final presentations.***

**School: (please write in) Date: (please write-in) Faculty/Clinical Group Conducting Screening: (please write-in)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Check grade level** | **Check whether vision & hearing was performed** | | **State which equipment used** | **State # screened** | **State # rescreened** | **State # untestable** | **State # referred to the school**  **nurse** |
|  | **Vision** | **Hearing** |  |  |  |  |  |
| **Preschool** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Kindergarten** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **First grade** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Third grade** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Fifth grade** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Seventh grade** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Ninth grade** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Eleventh grade** |  |  |  |  |  |  |  |