DeKalb County Schools
Hearing and Vision Screening Form

Student Name ____ DOB ______________________ ID ____________________
Last First Middle Initial

School ____ Grade____________ Homeroom Teacher _____________________________________

Parent/Guardian Name____ Phone____________________________________

Address____

Screening for: ❒ MTSS (Multi-Tiered Systems of Support) ❒ IEP ❒ Interim Screening

FIRST SCREENING Screener: Date:					Screening Results
HEARING (frequencies @ 25 dB)					❒ Unable to screen
RIGHT	1,000 Hz	2,000 Hz	4,000 Hz	500 Hz	❒ Pass ❒ Re-screen
LEFT	1,000 Hz	2,000 Hz	4,000 Hz	500 Hz	
VISION					❒ Unable to screen
Wears glasses or contacts? ❒ Yes ❒ No		Tested with glasses or contacts? ❒ Yes ❒ No			
DISTANCE VISUAL ACUITY TESTING		NEAR VISUAL ACUITY TESTING			❒ Pass ❒ Re-screen
❒ Snellen chart		❒ Lea Symbols™ chart			
RIGHT	20/ OR 10/	NEAR RIGHT	20/ OR 40/		
LEFT	20/ OR 10/	NEAR LEFT	20/ OR 40/		
BOTH	20/ OR 10/	BOTH	20/ OR 40/		

SECOND SCREENING Screener: Date:					Screening Results
HEARING (frequencies @ 25 dB)					❒ Unable to screen
RIGHT	1,000 Hz	2,000 Hz	4,000 Hz	500 Hz	❒ Pass ❒ Refer
LEFT	1,000 Hz	2,000 Hz	4,000 Hz	500 Hz	
VISION					❒ Unable to screen
Wears glasses or contacts? ❒ Yes ❒ No		Tested with glasses or contacts? ❒ Yes ❒ No			
DISTANCE VISUAL ACUITY TESTING		NEAR VISUAL ACUITY TESTING			❒ Pass ❒ Refer
❒ Snellen Chart		❒ Lea Symbols™ Chart			
RIGHT	20/ OR 10/	NEAR RIGHT	20/ OR 40/		
LEFT	20/ OR 10/	NEAR LEFT	20/ OR 40/		
BOTH	20/ OR 10/	BOTH	20/ OR 40/		

❒ Unable to screen – letter Date: _______________

❒ Referral letter Date: _______________

❒ Contact parent to confirm receipt of letter Date: _______________

❒ Follow-up letter Date: _______________

❒ Teacher notified by ____________________ Date: _______________

❒ Documentation of professional exam results Date: _______________

❒ Documentation by professional verifying student has best possible correction Date: _______________

❒ SST coordinator notified Date: _______________

Revised 2016