

Office of the School Nurse**Preschool Functional Vision and Hearing Screening
(for Children ages 2 ½ to 5 years)**

NAME: _____ DATE: _____

This screening does not evaluate vision or hearing acuity. It does address whether functional vision and/or hearing seems adequate to continue with the assessment process.

VISION

Does the child.....

- _____ a. have eyes that look forward, not inward or outward?
- _____ b. make eye contact with the objects?
- _____ c. follow moving objects with eyes?
- _____ d. look at objects without covering one eye or squinting?
- _____ e. hold objects at a normal distance from face?
- _____ f. move about without frequently bumping into objects?
- _____ g. move easily from one floor surface to another?

_____ Functional vision seems normal.

_____ A vision problem is suspected. Further evaluation is indicated.

HEARING

Does the child....

- _____ a. breathe through the nose with mouth closed?
- _____ b. speak in a normal tone of voice?
- _____ c. have a normal voice quality?
- _____ d. speak clearly without miss articulations?
- _____ e. look at the speaker's face rather than the speaker's lips?
- _____ f. look at the speaker straight on without turning an ear toward the speaker?
- _____ g. turn when name is spoken while child is not looking?

_____ Functional hearing seems normal.

_____ A hearing problem is suspected. Further evaluation is indicated.

Observer Signature: _____

Title: _____