

PRESCHOOL FUNCTIONAL VISION/HEARING SCREENING
Case Study Committee Referral

Child's Name _____

Date of Birth _____

Referring Person _____

This screening is for children ages 2 ½ to 5 years. It does not evaluate vision or hearing acuity, but it does address whether functional vision an/or hearing seems adequate to continue with the assessment process.

VISION (check all that apply)

Does the child....

- Have eyes that look forward, not inward or outward?
- Make eye contact with the objects?
- Follow moving objects with eyes?
- Look at objects without covering one eye or squinting?
- Hold objects at a normal distance from face?
- Move about without frequently bumping into objects?
- Move easily from one floor surface to another?

- Functional vision seems normal.
- A vision problem is suspected. Further evaluation is indicated.

HEARING (check all that apply)

Does the child....

- Breathe through the nose with mouth closed?
- Speak in a normal tone of voice?
- Have a normal voice quality?
- Speak clearly without misarticulations?
- Look at the speaker's face rather than the speaker's lips?
- Look at the speaker straight on without turning an ear toward the speaker?
- Turn when name is spoken while child is not looking?

- Functional hearing seems normal.
- A hearing problem is suspected. Further evaluation is indicated.

Signature of Evaluator _____

Date _____

Title _____