

**Brantley County Schools
Special Education
Vision & Hearing Screening**

Child _____ Grade _____ School _____

Vision Screening Test and Hearing Screening Test are on file in the child's folder. This form is filed in the Central Office folder. Screening Test conducted by Brantley County Health Department will have only the results on file.

Check one:

School System Screening

Health Department Screening

VISION

FIRST SCREENING

SECOND SCREENING

Instrument
Telebinocular Other

Instrument
Telebinocular Other

Screening Date: _____

Screening Date: _____

Screened By: _____

Screened By: _____

Passed: Failed: Both Eyes

Passed: Failed: Both Eyes

Right Eye

Right Eye

Left Eye

Left Eye

Failed: Near Vision Far Vision

Failed: Near Vision Far Vision

Other: _____

Other: _____

Notice of Failure Sent to Parents

Notice of Failure Sent to Parents

Date Sent _____

Date Sent _____

Doctor's Report Received _____

Doctor's Report Received _____

Results _____

Results _____

HEARING

FIRST SCREENING

SECOND SCREENING

Instrument
Audiometer Other

Instrument
Audiometer Other

Screening Date: _____

Screening Date: _____

Screened By: _____

Screened By: _____

Passed: Failed: Both Ears

Passed: Failed: Both Ears

Right Ear

Right Ear

Left Ear

Left Ear

Other: _____

Other: _____

Notice of Failure Sent to Parents

Notice of Failure Sent to Parents

Date Sent _____

Date Sent _____

Doctor's Report Received _____

Doctor's Report Received _____

Results _____

Results _____