

VISION / HEARING SCREENING  
PreSchool / Kindergarten

Last Name	First Name	PS / KG	Grade	St. ID	Date
<b>VISION</b>			<b>HEARING</b>		
Does the student wear glasses or contacts?	Yes	No	<b>Tested at 20 Db</b>	<b>Right</b>	<b>Left</b>
Is the student wearing glasses or contacts?	Yes	No	1000 Hz	Pass Retest	Pass Retest
Ps & K - Stereopsis test pass?	Yes	No	2000 Hz	Pass Retest	Pass Retest
Ps & K - Visual Acuity	R – Pass L – Pass	R – Fail L - Fail	4000 Hz	Pass Retest	Pass Retest
K or 1 gr – Boys only Color vision test / Pass?	N/A	Yes	No	NOTES:	
Grades 1-12 – Visual Acuity*	Right	Left			
	20 / __	20 / __			
Second screening required?	Yes	No	Second screening required?	Yes	No
*A score of 20/30 is passing. A score higher than 20/30 in either eye requires a second screening					