



Hearing & Vision Screening Worksheet (3-5 year old)

West Central Minnesota Communities Action Head Start

411 Industrial Park Blvd., Elbow Lake, MN

p: (218) 685-4486



| | | |
|---------------|----------------|--------------------------|
| Child's Name: | Date of Birth: | Age in Years and Months: |
|---------------|----------------|--------------------------|

VISION

| | | |
|-------------------|-----------------------------------|------------------------------------|
| Name of Screener: | Date of 1 st Screening | Date of 2 nd Screening: |
|-------------------|-----------------------------------|------------------------------------|

Pre-Screening Assessment *(see back of form)*

Circle Pass or Rescreen for each

| | | |
|-------------------|------|-------|
| Visual Inspection | Pass | Refer |
| Light Response | Pass | Refer |
| Cover Test | Pass | Refer |

Visual Acuity Screen

| Right Eye | Left Eye | Age | Circle Pass, Rescreen or Refer | | |
|-----------|----------|----------|--------------------------------|----------|-------|
| 10/ | 10/ | 3 to 5yr | Pass | Rescreen | Refer |
| 10/ | 10/ | 3 to 5yr | Pass | Rescreen | Refer |

Notes: _____

HEARING

| | | |
|-------------------|-----------------------------------|------------------------------------|
| Name of Screener: | Date of 1 st Screening | Date of 2 nd Screening: |
|-------------------|-----------------------------------|------------------------------------|

| Visual Inspection | 1 st Screening | | | 2 nd Screening | | |
|---------------------|---------------------------|----------|-------|---------------------------|----------|-------|
| External Inspection | Pass | Rescreen | Refer | Pass | Rescreen | Refer |

Pure Tone Audiometry

| Right Ear | 1 st Screening | | | 2 nd Screening | | |
|--------------|---------------------------|----------|-------|---------------------------|----------|-------|
| 25dB, 500Hz | Pass | Rescreen | Refer | Pass | Rescreen | Refer |
| 20dB, 1000Hz | Pass | Rescreen | Refer | Pass | Rescreen | Refer |
| 20dB, 2000Hz | Pass | Rescreen | Refer | Pass | Rescreen | Refer |
| 20dB, 4000Hz | Pass | Rescreen | Refer | Pass | Rescreen | Refer |
| Left Ear | | | | | | |
| 25dB, 500Hz | Pass | Rescreen | Refer | Pass | Rescreen | Refer |
| 20dB, 1000Hz | Pass | Rescreen | Refer | Pass | Rescreen | Refer |
| 20dB, 2000Hz | Pass | Rescreen | Refer | Pass | Rescreen | Refer |
| 20dB, 4000Hz | Pass | Rescreen | Refer | Pass | Rescreen | Refer |

Notes: _____

Visual Inspection

- Inspect eye and surrounding area for swelling, discoloration, drainage, etc.
- Inspect position of eyes. Does one or both eyes turn in? Turn out? Is there a head tilt?
- Check whites of eyes for even coloration.
- Iris should be uniform in shape and color in both eyes.
- Pupils should be clear and dark, equal size and circular.
- Lids and Lashes – Lids are flush against the eye; no redness, discharge or styes. Lashes present on upper and lower lids, lashes turn out, normal blinking pattern.

Light Response

1. Position the child so that the target, the light source, and the examiner's line of vision is at the midline in front of the child's eyes at a distance of 14-16 inches.
2. Try to have the child sit with his/her back to any ceiling lights.
3. Shine the penlight at the center of the child's forehead directly above and between the child's eyes.
4. Make sure the child is focused on the target.
5. The screener then observes the reflected light in each pupil.
6. It is very important that good light is used. Ceiling lights are not sufficient.

Cover Test

1. Screener stands in front of and to the side of the child's eye that is being covered.
2. Screener asks child to focus on object at a 10-14 foot distance.
3. Screener covers left and right eyes, alternately, moving occluder vertically from forehead towards cheek while watching the uncovered eye for movement.
4. Uncover eye and ensure vision is fixed on the object.
5. Repeat 2-3 times.
6. Repeat first 3 steps with alternate eye.