

Reevaluation
Vision and Hearing Screening

Student Name: _____ Date of Birth: _____

District: _____ School: _____

VISION

Passed _____

Failed _____

Date _____

HEARING

Passed _____

Failed _____

Date _____

RECHECKED

Passed _____

Failed _____

Date _____

RECHECKED

Passed _____

Failed _____

Date _____

REFERRED

____ Yes; Referred to:

____ No; Reason: _____

Date _____

REFERRED

____ Yes; Referred to:

____ No; Reason: _____

Date _____

COMMENTS:

COMMENTS:

Screening Technician

Date

Screening Technician

Date