

Functional Vision / Hearing Screening

Name	
Parent/Guardian	
Address	
Telephone	
School	
Grade	
Date of Birth	

If several attempts are made to condition a severely handicapped child for hearing/vision screening and no response can be obtained, a quantitative description of the child's hearing/vision must be completed by an individual who works with the child.

A. Hearing

1. Does subject respond to noise, i.e. ringing bell, rattle, etc.? Yes No
2. Does subject respond to name when called? Yes No
3. Does subject interact verbally or with gestures? Yes No
4. Can subject identify body parts on verbal command? Yes No
5. Does subject respond to simple verbal commands? Yes No
6. Can subject point to person or objects when asked? Yes No
7. Is imitation of speech present? Yes No
8. Does subject's eyes and/or head turn toward a voice? Yes No
9. Does subject react to (not necessarily stop) an activity when he hears "No! No!" Yes No
10. Does subject respond to songs sung to him? Yes No

B. Vision

1. Does subject follow an object with eyes? Yes No
2. When using a pencil, crayon, paintbrush, etc., does subject follow markings with eyes? Is eye tracking evident? Yes No
3. Does subject pick up objects from a table or floor? Yes No
4. Does subject reach for objects when handed to him? Yes No
5. Does subject grasp objects unaided or without direction from teacher? Yes No
6. Does subject look at an object when placed before him? Yes No
7. Does subject look at pictures in a book? Yes No
8. Do eyes and head turn toward a light that is introduced? Yes No
9. Does subject watch own hand movements? Yes No
10. Does subject use a visual searching technique when objects are placed out of sight? Yes No

Describe additional behaviors in hearing/vision that should be considered in assessment and educational programming.

Examiner: _____ Date: _____