

Health Screening Day Results

Center _____

Date _____

Child's Name _____

Vision screening

_____ passed

_____ failed-referred
to eye doctor

_____ unable to screen;
will rescreen later

Hearing screening

_____ passed

_____ failed-referred
to doctor

_____ failed-referred
to speech and hearing
clinic for further
evaluation

_____ unable to screen;
will rescreen later

Dental screening

_____ needs attention immediately

_____ needs attention soon

_____ needs routine dental care

Speech and Language screening

_____ passed

_____ failed-will be referred
for further evaluation to
speech therapist

_____ will rescreen later

Developmental screening

_____ passed

_____ concerns noted; will
rescreen again

_____ unable to complete today;
will rescreen later