

Wolsey/Wessington School District

Hearing and Vision Screening Results

Date: _____

Dear Parent/Guardian of: _____

This vision screen is intended to identify students that may have a vision problem. Children that pass the screen could still have eye health or vision problems. Only an eye doctor can perform an eye exam. See below for the results of this vision screen and recommendations.

Screening Provided	Results using Snellen letters or vision tester OR	Results using SPOT vision screener
Vision ___ with glasses/contacts ___ without glasses/contacts	Far Vision: Pass or Fail Right 20/ ___ Left 20/ ___ Near Vision: Pass or Fail ___ Pass: continue with routine eye exams ___ Refer: please see your eye doctor for recommendations.	___ Pass: all results within normal range ___ Refer: please see your eye doctor for recommendations.

This hearing screen is intended to identify students that may have a hearing problem. Children that pass the screen could still have hearing or ear problems. Only a health care provider or audiologist can perform a hearing test. See below for the results of this hearing screen and recommendations.

Screening Provided	Results and Recommendations
Hearing	Right: Pass or Fail Left: Pass or Fail ___ see medical doctor for recommendations

Results in Threshold Hearing Test: (P) Pass or (R) Refer to medical provider or audiologist.

Level (dB)	20	20	20
Frequency (Hz)	1000	2000	4000
Right ear			
Left ear			

Please feel free to contact your school nurse if you have questions.

School Nurse: _____

Phone: _____