**Early Head Start, Head Start, and Family Support Center Vision and Hearing Screening**

**Name/Nombre**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of screening/Fecha:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Birth date/Fecha de nacimiento**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age/Edad**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vision/Visión**: Welch Allen VS 1000S-B Spot Vision Screener

|  |  |
| --- | --- |
| Right eye (Derecho) | **ð** Pass **ð** Fail |
| Left eye (Izquierdo) | **ð** Pass **ð** Fail |
| Both eyes (Ambos) | **ð** Pass **ð** Fail |

**ð** Normal

**ð** Follow up with health care provider/ Consulte con su doctor o enfermera

**ð** Unable to assess because / No se pudo evaluar porque:

*(Reason unable to assess)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hearing/Audición**: Welch Allen OAE Hearing Screener

|  |  |
| --- | --- |
| Right ear (Derecho) | **ð** Pass **ð** Fail |
| Left ear (Izquierdo) | **ð** Pass **ð** Fail |

**ð** Normal

**ð** Follow up with health care provider/ Consulte con su doctor o enfermera

**ð** Unable to assess because/ No se pudo evaluar porque:

*(Reason unable to assess)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional comments/Comentarios:

Nursing Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature/Firma de Padre: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date/Fecha:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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