

Hearing, Vision & Growth Assessment Parent Notification of Screen Results

Child's Name: _____ Date: _____

Campus: _____ Teacher: _____

Hearing Screen Results

Date of Screen: _____

- ☐ No concerns found at time of screening
- ☐ Will be re-screened due to lack of cooperation or child unable to perform screening
- ☐ Rescreening attempt was made, child still not cooperating or unable to perform screening; referral from Campus Nurse for further assessment is attached

Vision Screen Results

Date of Screen: _____

- ☐ No concerns found at time of screening
- ☐ Will be re-screened due to lack of cooperation or child unable to perform screening
- ☐ Rescreening attempt was made, child still not cooperating or unable to perform screening; referral from Campus Nurse for further assessment is attached

Growth Assessment Results

Date of Screen: _____

Height: _____ Weight: _____ BMI Percentile: _____

- ☐ No concerns found at time of assessment
- ☐ Some concerns found, program will send home informational handout material

Should your child require any follow-up services, you will be contacted by a Health Facilitator.

If you have any questions, please feel free to contact your Family Service Associate.