

The State of Arizona requires that all preschool students have annual hearing screening tests. We also recommend that all preschool students have annual vision screening tests. This form is to be submitted to your pediatrician for completion. Upon completion by the doctor's office, please return to the NCS Early Education office for inclusion in your child's file. Some doctors choose not to test younger children; if this is your doctor's stance, please have him sign or stamp his name in the appropriate signature line below.

**These test results need to be documented no more than six months prior to your student's attendance for the 2016-2017 school year.** For example, if your student begins classes at NCS Early Education on August 8, 2016, their hearing and vision screening test results must be completed **after March 10, 2016**. Thank you for your cooperation.

**Child's Name** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**HEARING SCREENING REPORT**

Certificate # of Screener \_\_\_\_\_ Calibration Date: \_\_\_\_\_ Screening Date: \_\_\_\_\_

Pass \_\_\_\_\_ Referred for Second Screening \_\_\_\_\_ Referred for Audiological Evaluation \_\_\_\_\_

Identified with Sensorineural Hearing Loss \_\_\_\_\_ Previously Known Hearing Loss \_\_\_\_\_

**Supervising Professional** \_\_\_\_\_ **Unable to Test** \_\_\_\_\_  
 Signature (Initial if applicable)

**VISION SCREENING REPORT**

Distance Acuity – Pass \_\_\_\_\_ Referred for further evaluation Yes \_\_\_\_\_ No \_\_\_\_\_

Near Acuity – Pass \_\_\_\_\_ Referred for further evaluation Yes \_\_\_\_\_ No \_\_\_\_\_

Ocular Alignment – Pass \_\_\_\_\_ Referred for further evaluation Yes \_\_\_\_\_ No \_\_\_\_\_

**Supervising Professional** \_\_\_\_\_ **Unable to Test** \_\_\_\_\_  
 Signature (Initial if applicable)