



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 2018-2019 school year. For example, if your student begins classes at NCS Early Education on August 8, 2018, their hearing and vision screening test results must be completed **after February 8, 2018.** 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)