

**Shelton Language/Speech Clinic
Vision/Hearing Screening
2019 - 2020**

PLEASE COMPLETE ALL FIELDS OF THIS FORM

Child's Name _____ Grade 2019-2020 _____

Date of Birth _____ Parent Email Address _____

Parent Name _____ Age August 2019 _____

For **NEW** students and students in **EC, Pre-Primary, Grades 1, 3, 5, and 7.**

Chapter 36 of the Texas Department of Health's Health and Safety Code requires that all children enrolled for the first time in a public or private school in Texas, or who are enrolled in **Preschool/Pre-Primary (Kindergarten) or in Grades 1, 3, 5, and 7** must be screened for vision and hearing acuity.

PLEASE CHECK HERE IF YOUR CHILD IS NEW TO SHELTON.	
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REQUIRED SCREENING. Check if your child will be entering one of these grades:

EC Pre-Primary 1st 3rd 5th 7th

MEDICAL HISTORY

Please check if your child has had any of the following:

Hearing:

- _____ 1. Hearing loss
- _____ 2. Draining ears
- _____ 3. Holes in eardrums
- _____ 4. Chronic ear infections
- _____ 5. Ear surgeries
- _____ 6. Other (please explain)

Vision:

- _____ 1. Rubbing eyes
- _____ 2. Tilting /turning head
- _____ 3. Squinting
- _____ 4. Wandering eye
- _____ 5. **Wears glasses or contacts**
- _____ 6. Other (please explain)

Other: _____