

**VISION
HEARING**

EARLY CHILDHOOD VISION/HEARING SCREENING

HEARING:

- _____ 1. Child looks / comes when name is called.
- _____ 2. Child will "sit down" when requested to do so by an adult.
- _____ 3. Child will "look at me" when requested to do so by an adult.
- _____ 4. Looks at speaker's mouth when talking.
- _____ 5. Turns head when sound is heard somewhere else in the room.
- _____ 6. Uses nasal speech
- _____ 7. Asks to have things repeated
- _____ 8. Talks loudly.
- _____ 9. Can answer when adult asks questions in whisper.
- _____ 10. Any ear drainage observed in child?

PARENT QUESTIONS:

- _____ 11. History of frequent ear infections?
- _____ 12. Parent has suspected problem with hearing?
- _____ 13. Any type of ear surgery?

VISION:

- _____ 1. Maintains eye contact.
- _____ 2. Holds head adequate distance when working.
- _____ 3. Holds book close to eyes to see objects.
- _____ 4. Can track objects from left → right.
- _____ 5. Can track objects up and down.
- _____ 6. Turns head to side instead of eyes to see objects.
- _____ 7. Looks at things with head turned – out of the side of eyes.
- _____ 8. Child moves object nearer → closer to focus.
- _____ 9. Can see things at desk/table distance.
- _____ 10. Can see things across the room when asked.
- _____ 11. Any tearing – redness of sclera (white of eyes)
- _____ 12. Amblyopia (lazy eye).

PARENT QUESTIONS:

- _____ 13. Any type of eye surgery?
- _____ 14. Parent has suspected problems with vision?