



## HS/ECEAP-HEALTH SCREENING RESULTS

---

Your child, \_\_\_\_\_, received the following  
**Screenings:**  **Vision**  **Hearing**  **Growth** at school today (\_\_\_\_\_).  
If needed, **Rescreening** will be done in 2-4 weeks.

Classroom Family Advocate: \_\_\_\_\_ Phone: \_\_\_\_\_

**VISION**      **Visual Acuity:**

(This indicates how well your child is seeing at distance.)

**Right Eye:**                       Pass               Rescreen     Refer

**Left Eye:**                         Pass               Rescreen     Refer

**Depth Perception:**

(This screening is to see if both eyes are working together as team.)

**Both Eyes:**                       Pass               Rescreen     Refer

**HEARING** Right Ear:  Pass               Rescreen     Refer

Left Ear:     Pass               Rescreen     Refer

**GROWTH** Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Comments:

---

---

---