



# Olympic Educational Service District 114

105 National Avenue North, Bremerton, Washington 98312  
 (360) 478-6887 • 1-800-201-1300 • FAX (360) 405-5808



## HEAD START/ECEAP HEALTH SCREENING RESULTS

Child: \_\_\_\_\_

DOB: \_\_\_\_\_

### Hearing

Date \_\_\_\_\_

We use an audiometer to check that your child is hearing the sounds needed for communication and good language development.

(25dB)	R	L
1000		
2000		
4000		

\_\_\_\_\_ Child seems to hear all appropriate sounds.

\_\_\_\_\_ Recheck child's hearing in 2-4 weeks.

### Distant Vision

Date \_\_\_\_\_

This screening indicates how well your child is seeing at a distance. (It does not measure how well your child is seeing up close.)

RIGHT eye	
LEFT eye	

\_\_\_\_\_ Child's distance vision is appropriate for his/her age.

\_\_\_\_\_ Vision screened with child's glasses on.

\_\_\_\_\_ Recheck child's vision in 2-4 weeks.

\_\_\_\_\_ Vision screened with child's glasses on.

### Stereopsis (depth perception)

Date \_\_\_\_\_

Good depth perception shows that both eyes work together.

\_\_\_\_\_ Child's eyes appear to be working together.

\_\_\_\_\_ Vision screened with child's glasses on.

\_\_\_\_\_ Recheck child's vision in 2-4 weeks.

### Growth

We weigh and measure children during the year to watch that they are growing in a manner that is right for them. Part-year sites in Fall/Spring. Full-year sites in Fall/Spring/Summer.

Date			
Height	Inches	Inches	Inches
Weight	Pounds	Pounds	Pounds
Wt. for Ht.	%	%	%

### Date screening results were shared with parent/caregiver and initials of screener.

Date \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

Date \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

Date \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_



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## HEAD START/ECEAP HEALTH SCREENING RESULTS

Child: \_\_\_\_\_

DOB: \_\_\_\_\_

### Rescreen

#### Hearing

Rescreen Date \_\_\_\_\_

We use an audiometer to check that your child is hearing the sounds needed for communication and good language development.

(25dB)	R	L
1000		
2000		
4000		

\_\_\_\_\_ Child seems to hear all appropriate sounds.

\_\_\_\_\_ Referral for follow-up.

#### Stereopsis (depth perception)

Rescreen Date \_\_\_\_\_

Good depth perception shows that both eyes work together.

\_\_\_\_\_ Child's eyes appear to be working together.

\_\_\_\_\_ Vision rescreened with glasses on.

\_\_\_\_\_ Referral for follow-up.

#### Distant Vision

Rescreen Date \_\_\_\_\_

This screening indicates how well your child is seeing at a distance. (It does not measure how well your child is seeing up close.)

RIGHT eye	
LEFT eye	

\_\_\_\_\_ Child's distance vision is appropriate for his/her age.

\_\_\_\_\_ Vision rescreened with child's glasses on.

\_\_\_\_\_ Referral for follow-up.

#### **Date rescreen results were shared with parent/caregiver and initials of screener.**

Date \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

Date \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

Date \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_