HEARING AND VISION TESTING RESULTS

GREENE COUNTY SCHOOLS

RE_____

DATE_____

GRADE_____

SCHOOL_____

The above child was tested with the following results:

HEARING

( ) 1. Screened within normal limits.

( ) 2. Needs additional testing. You will be notified of results.

( ) 3. Additional testing indicates hearing is within normal limits.

( ) 4. History of hearing problems that does not adversely affect skills in areas of communication, academic, social or vocational competencies.

( ) 5. Referred to General Practitioner, Audiologist or Otolarnygologist. See attached report.

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Examiner Date

VISION

( ) 1. Screened within normal limits.

( ) 2. Needs additional testing. You will be notified of the results.

( ) 3. Additional testing indicates vision is within normal limits.

( ) 4. History of vision problem that does not adversely affect skills in academics, social or vocational competencies.

( ) 5. Referred to General Practitioner, Opthomologist. See attached report.

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Examiner Date