Office of Special Programs
Results of Screening

DP1.3

Student's Name _____ Birthdate _____ Date _____

School _____ Teacher _____ Grade _____

CLEAR

TYPE OF SCREENING:

_____ Routine kindergarten sweep screening (hearing, speech-language, vision)
_____ Routine screening for first-time WV students (hearing, speech-language, vision)
_____ Other _____

_____ Routine hearing screening, grade _____
_____ Routine speech-language screening, grade _____
_____ Routine vision screening grade _____

** *If recheck warrants further assessment, you will be contacted in writing.* **			Recommendations	Signatures
VISION	___ Passed ___ Rescreen ___ Referred ___ Test Instaline ___ Vision Impaired ___ Other _____ L _____ R _____	**Comments**		_____ Date _____
HEARING	___ Passed ___ Rescreen ___ Referred ___ Pure Tones: 1000 2000 4000 Left _____ _____ _____ Right _____ _____ _____ This test checks how well your child can hear. If your child missed one or more levels, he/she will be referred for further audio logical testing at the Board of Education Office.	**IMPEDANCE:** Pass Rescreen Referred Left _____ _____ _____ Right _____ _____ _____ This test checks the middle ear. A Type "C" results could be affected by recent colds/allergies. A Type "B" suggests prompt attention by your doctor. See attached medical report for explanation.		_____ Date _____
SPEECH/ LANGUAGE	___ Passed ___ Rescreen ___ Referred Articulation, Language, Fluency, Voice Test: Speech Ease _____ Joilet _____ Fluharty _____ Other _____	Speech sound errors noted are above age level at this time. _____ Language errors are above age level at this time. _____		_____ Date _____
OT/PT	Date Tested: _____ Student demonstrated **average** skills in the following areas:	Students demonstrated **delays** in the following areas:	___ Refer for evaluation ___ Fine Motor ____ Self-Help ___ Visual Perceptual ___ Sensory ___ No further evaluation at this time.	_____ Date _____
GIFTED	Date Screened: _____ Screening Assessment	Standard Score _____ Percentile Score _____ Classification _____	___ Screening Criteria not met. Refer back to SAT. ___ Screening criteria was met. Refer for Evaluation.	_____ Date _____