



Early Intervention Functional Hearing and Vision Screening

Name: _____ Completed by: _____

Date: _____ Completed with: _____

Hearing

Does the child:

___ Show awareness of environmental sounds (blender, vacuum, etc.)?

___ Show awareness of knocking at the door?

___ Show awareness of noisy toys (bell, rattle, squeaky toy, etc.)?

___ Respond when you call his/her name?

___ Show awareness of low frequency sounds? (example, A/C unit turning on)

___ Show awareness of high frequency sounds? (example, squeaky toy)

___ Imitate sounds (after 1 year of age)?

___ Use some word endings (s or -ing after age 2)?

___ Follow simple verbal directions?

___ Listen to stories, music or tv without difficulty?

___ Speak so most people can understand (after age 2 1/2)?

___ Come to you when called from another room (after age 2 1/2)?

Have they had an audiological evaluation? When? Results? _____

Concerns?

Vision

Does the child:

___ Reach on visual cue?

___ Make eye contact with the task or person/object?

___ Follow a moving item/person with their eye (horizontally, vertically, and/or circular)?

___ Walk or crawl without frequently bumping into objects?

___ Hold objects at a normal distance (after age 6 months)?

___ Walk or crawl smoothly across shadows or changes in the floor?

___ Look at people and things without eye crossing or squinting (after age 9 months)?

___ Look and fixate on a 4-inch object?

___ Have eyes that are clear, not red or watery?

Have they been seen by an ophthalmologist /optometrist? When? Results? _____

Concerns?

Did the child: PASS FAIL hearing portion (circle one)

Did the child: PASS FAIL vision portion (circle one)

Please include this form with your EA Report if requested.