



# FDLRS East Child Find

**Brevard County**  
Educational Services Facility  
2700 Judge Fran Jamieson Way  
Viera, FL 32940  
(321) 633-1000, extension 11552

**Volusia County**  
Palm Terrace Elementary  
1825 Dunn Avenue  
Daytona Beach, FL 32114  
(386) 734-7190, extension 52841

## VISION AND HEARING SCREENING QUESTIONNAIRE

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Date: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

### VISION CONSIDERATIONS

Has the child been referred to or evaluated by an eye doctor? Yes \_\_\_\_ No \_\_\_\_  
Where \_\_\_\_\_ Date Tested \_\_\_\_\_  
Does the child have an eye that turns up, down, in or out independently of the movement of the other eye? Yes \_\_\_\_ No \_\_\_\_  
Can the child follow with his or her eyes a moving target held approximately ten or twelve inches in front of him or her? Yes \_\_\_\_ No \_\_\_\_  
When following a moving target with his or her eyes, can the child easily move his or her eyes past his or her body midline? Yes \_\_\_\_ No \_\_\_\_  
Does the child blink excessively? Yes \_\_\_\_ No \_\_\_\_  
Does the child rub eyes frequently? Yes \_\_\_\_ No \_\_\_\_  
Does the child turn head to favor one eye when looking at something? Yes \_\_\_\_ No \_\_\_\_  
Does the child close or cover one eye frequently? Yes \_\_\_\_ No \_\_\_\_  
Does the child frequently hold things very close to his or her face to see them? Yes \_\_\_\_ No \_\_\_\_  
Are you concerned with the child's vision? Yes \_\_\_\_ No \_\_\_\_  
If so, why? \_\_\_\_\_

**VISION:** PASS \_\_\_\_ FAIL \_\_\_\_ May want to consider follow up \_\_\_\_

### HEARING CONSIDERATIONS

Did the child pass the newborn hearing screening? Yes \_\_\_\_ No \_\_\_\_  
Does the child look when name is called if he or she is not already looking at the caller? Yes \_\_\_\_ No \_\_\_\_  
Does the child respond when given simple directions? Yes \_\_\_\_ No \_\_\_\_  
Does the child react to loud or unexpected loud noises? (Flinch or cover his or her ears?) Yes \_\_\_\_ No \_\_\_\_  
Does the child say words clearly? (Examples: mama, dada, yes, no) Yes \_\_\_\_ No \_\_\_\_  
Does the child notice and or imitate environmental sounds such as a dog barking or a plane overhead? Yes \_\_\_\_ No \_\_\_\_  
Is there a medical history of infections, tubes, wax buildup, etc.? Yes \_\_\_\_ No \_\_\_\_  
Are you concerned with the child's hearing? Yes \_\_\_\_ No \_\_\_\_  
If so, why? \_\_\_\_\_

**HEARING:** PASS \_\_\_\_ FAIL \_\_\_\_ May want to consider follow up \_\_\_\_

### ADDITIONAL COMMENTS

\_\_\_\_\_  
Interviewer Signature/Title

\_\_\_\_\_  
Parent Signature