Child's Name:_____ Date of Birth:___-___-___
Date of Sceening:___-___-___Screener Name:_____Agency:_____

Hearing Development Screening Checklist

Birth to 3 Months:

Yes	No	
___	___	Does your child startle, awaken or cry at loud sounds?
___	___	Does your child turn to you when you speak?
___	___	Does your child smile when spoken to?
___	___	Does your child seem to recognize your voice and quiet down if crying?

4 to 6 Months:

___	___	Does your child respond to "No", or changes in your tone of voice?
___	___	Does your child look around for the source of new sounds, e.g., the door bell, vacuum, dog barking?
___	___	Does your child notice toys that make sounds?

7 Months to1 Year:

___	___	Does your child recognize words for items like "cup", "shoe", "juice"?
___	___	Does your child respond to requests like "Come here" or "Want more"?
___	___	Does your child enjoy games like peek-a-boo or pat-a-cake?
___	___	Does your child turn or look up when you call his or her name?

1 to 2 Years:

___	___	Can your child point to pictures in a book when they are named?
___	___	Does your child point to a few body parts when asked?
___	___	Can your child follow simple commands and understand simple questions such as : "Roll the ball." "Kiss the baby." "Where's your shoe?"

2 to 3 Years:

___	___	Does your child continue to notice sounds (telephone ringing, television sounds or knocking at the door)?
___	___	Can your child follow two requests like: "Get the ball." or "Put it on the table,"

All Ages:

___	___	Do you have any concerns about your child's hearing?

Conditions associated with possible hearing loss: *(Parent or physician may check any that apply)*

___ repeated episodes of otitis media (ear infection)
___ prematurity
___ cranio-facial anomalies
___ excessive noise exposure
___ any serious illness (including high fever)
___ family history of hearing loss
___ failed hearing screening
___ experienced head trauma
___ exposure to ototoxic drugs

Outcome: Referral to: ___Audiology evaluation Date: __-__-__
___ENT assessment Date: __-__-__
___***Early On***® Date: __-__-__

Child's Name:_____ Date of Birth:___-___-___
Date of Sceening:___-___-___Screener Name:_____Agency:_____

Vision Screening Checklist

Birth to 1 month:

Yes	No	
___	___	Pupil reaction to light.
___	___	Blinks when light is too bright.
___	___	Fixates on face (eye contact).
___	___	Eyes turn the opposite direction that head turns or tilts; this reflex (doll's eyes reflex) is inhibited after a few weeks as an infant's fixation increases.

1 to 3 Months:

___	___	Stares at light source.
___	___	Eye movements poorly coordinated (may not always appear to be straight or work together)
___	___	Fascinated by lights and bright colors.
___	___	Shifts eyes toward sound source.
___	___	Follows or tracks a slowly moving object horizontally. Tracks from center to side to side to center (can't cross midline).
___	___	Emerging convergence on objects as close as 5 inches.
___	___	Visually inspects nearby surroundings (may move head and eyes as well as body)
___	___	Watches own hand movements.
___	___	Prefers to look at some pictures, people, toys longer than others, alerts to favorite object.

3 to 5 Months:

___	___	Looks at objects in hands momentarily.
___	___	Looks at hands and plays with hands at midline.
___	___	Shifts gaze from hand to object and from object to hand.
___	___	Fixates on object at 3 feet distance.
___	___	Reaches for caregiver's face.
___	___	Reaches for dangling toy.
___	___	Follows a moving object over 180 degree arc.
___	___	When sitting or laying down, turns head to either side to look at something she or he hears.
___	___	Watches object dropped.
___	___	Visually directed reach and grasp.

5 to 7 Months:

___	___	Fixation fully developed.
___	___	Eyes appear to be in balance with each other. Any deviation (in, out, up or down) seen at 6 months should be followed medically.
___	___	While sitting, tracks a toy moving across the table.
___	___	Looks into mirror and may smile or pat image.

Child's Name:_____ Date of Birth:___-___-___
Date of Sceening:___-___-___Screener Name:_____Agency:_____

7 to 12 Month:

Yes	**No**	
___	___	Turns to look for objects out of reach.
___	___	Looks after toys which fall to the floor when sitting in a chair.
___	___	Removes cover to obtain toy which was hidden.
___	___	Looks at small objects, e.g., Cheerio, raisin, or cereal.
___	___	Tilts head to look up;
___	___	Looks at picture in book.
___	___	Eye-hand coordination developing.
___	___	Fix, follow, shift, scan, converge & diverge well developed and integrated into functional skills: reaching, manipulation, self-care, play, getting around, exploring and observing.

1 to 2 Years:

___	___	Finds different object from a group of like objects.
___	___	Interest in pictures.
___	___	Marks and scribbles.
___	___	Points to object asked for on a picture.
___	___	Looks at picture book.
___	___	Points to familiar persons, animals, or toys on request.
___	___	Imitates isolated marks and circular motion with crayon.
___	___	Interested in TV momentarily.
___	___	Visually searches for missing object or person.

2 to 3 Years:

___	___	Imitates adult making vertical or horizontal lines with pencil/crayon.
___	___	Imitates circle with pencil or crayon
___	___	Matches colors (red, yellow, blue, black, white)
___	___	Discrimination and identification of familiar objects such as toys, foods or clothing
___	___	Matches pictures to objects and pictures to pictures
___	___	Points to body parts on doll or in picture when asked
___	___	Names or points to self in photograph
___	___	All optical skills smooth

Symptoms of possible eye problems

___	Squinting	___	Light gazing
___	Frequent blinking	___	Red, encrusted, swollen eyes
___	Sensitivity to light	___	Crossed eyes
___	Inflamed or watery eyes	___	Eye wanders (after 6 months of age)
___	Frequent rubbing of eyes	___	Stumbling or falling over objects
___	Over or under reaching of objects		

Physician information: _____
_____
_____

Outcome: Referral to: ___Ophthalmology evaluation Date: __-__-__ and
___***Early On*®** Date: __-__-__

Compiled by Connie Doss & Catherine Hula, Ingham ISD, Reformated by EOTTA 5-6-05
Bibliography: Li,A.,Hwang, T.,Hula, C. 1994 Educational and Functional Vision Evaluation for the Visually Impaired (EFVE)
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