

NOCAC CHILD DEVELOPMENT PROGRAMS
PARENT'S NOTIFICATION OF SCREENING RESULTS

Child's Name: _____ Date: _____

Center/Teacher: _____ / _____ Screened By: _____

Vision Screening

Attempted – will re-try in a week.

Passed

POSSIBLE CONCERNS - REFER

If there are concerns about your child, the staff will contact you to discuss the need for further evaluation. You will receive a "Vision Report Form" with a copy of the screening results attached to it. Please take this to your medical service provider to have your child further evaluated.

Hearing Screening

Attempted – will re-try in a week.

First Screening

Second Screening

Passed

Re-screen within 3 weeks

Concern in Left / Right / Both Ears

If your child shows concerns on the first screen, we will automatically screen a second time. If there are concerns about your child on the second screen, the staff will contact you to discuss the need for further evaluation. You will receive a "Hearing Report Form" with a copy of the screening results attached to it. Please take this to your medical service provider to have your child further evaluated.