



RURAL CHAMPAIGN COUNTY SPECIAL EDUCATION COOPERATIVE
807 N. Mattis Ave, Champaign, IL 61821
217-892-8877 FAX: 217-893-8627

VISION AND HEARING SCREENING

STUDENT: _____ **BIRTHDATE:** _____

SCHOOL: _____ **TEACHER:** _____

VISION AND HEARING (MUST BE DONE WITHIN PREVIOUS 6 MONTHS)

Vision: **Date Checked** _____ **(R)** _____ **(L)** _____

Hearing: **Date Checked** _____ **(R)** _____ **(L)** _____

COMMENTS:

EXAMINER: _____