MIAMI-DADE COUNTY PUBLIC SCHOOLS PRE-K SCREENING REPORT

Date_		Home	e School_			Pre-K Team:	
Name_					MF	Birthdate	Age
Langua	age(s) Spol	ken					
HEARING S	CREENING					INDICATE IF FINDINGS AR	E AGE APPROPRIATE:
	ve P.E. (Pres	sure Equaliza	ation) Tube	s? 🔲`	Yes □No	Communication	_
Pure Tone Screening:						COMMUNICATION Speech	☐ Yes ☐ No
rule lone	500 Hz			2000 Hz	4000 Hz	Language	Yes No
	(20-30 dBF			20 dBHL)	(20 dBHL)	Instrument	
Right						<u></u>	
Left							
☐500 Hz omitted due to backgroun			noise		<u>. </u>		
DDOAE (EDO SCANI)						Fluency	
DPOAE (ERO SCAN)			Dofor		ONT	Comments	
	Pass		Refer		CNT		
Right						Screener	Date
Left						Record Review	
<u>RESULTS</u> : □Pass						DEVELOPMENTAL	☐ Yes ☐ No
□Pass with referral to Audiologist □Refer to Audiologist						<u> </u>	
						Instrument	
						Comments	
Record Review						Screener_	
						Record Review	
VISION SCR Does child we					Yes □ No	BEHAVIORAL FUNCTIONING	☐ Yes ☐ No
Chart						Instrument	
Near Point Far Point					r Point		
Right Eye						Comments	
Left Eye						Screener	Date
Both						Record Review	
Welch All	yn SureSigh	t Vision S	creener				
Right Eye	S=	C=	P=	R=	D=	INDICATE IF FINDINGS AR	<u>E AGE APPROPRIATE</u> :
Left Eye	S=	C=	P=	R=		Speech	☐ Yes ☐ No
	1					Language	Yes No
RESULTS:						Developmental Behavioral Functioning	☐ Yes ☐ No ☐ Yes ☐ No
□Pass □Pass with r	referral to Visio	on Specialist				Motor	☐ Yes ☐ No
	sion Specialis					Comments	
Comments							
	ew						
	and/or vis				ent needs to cialist.		e, identified areas of concern w nostic teams or by school-base
Send infori	mation to:					Stall.	
	child Find: 6	521 SW 62	Ave So	uth Miami	. FL 33143		

Parent/Guardian Signature

☐Pre-K Team at:_

I have received a copy of this Screening Form_