



CONCHO VALLEY COUNCIL OF GOVERNMENTS



CVCOG RURAL HEAD START
325-944-9666



SAISD HEAD START/
EARLY HEAD START
325-947-3703

3 Year Old Vision & Hearing Screener Report

Form with fields: Child's Name, Birthday, Age, Center Name, Classroom

Hirschberg Corneal Light Reflex Test and Cover & Uncover Test sections with checkboxes for Pass, Fail & Refer, etc.

Grantee Only

Texas Health Steps Hearing Checklist for Parents form with questions and signature fields.

Delegate Only

Otoacoustic Emissions (OAE) screening form with 1st and 2nd OAE screening sections.

Referral to a specialist due to:

- Failed Corneal Light Reflex Test
Failed THSteps Hearing Checklist
Failed OAE Screen
Failed Cover & Uncover Test
Observable Signs or Symptoms
Parent / Doctor Request

Waiver of Referral

Child is being seen by a specialist, (doctor's name), for the problem(s) indicated.

The tests conducted to evaluate your child's hearing and vision is a screening; it is not a diagnostic test. This means that if the child fails the screening, it is necessary for your child to be evaluated by a specialist to determine whether there is a problem.