

BOONE CLINTON JOINT SERVICES

Vision and Hearing Screening Form

Screening Test Results for Special Education Evaluation

Student's Name: _____

School: _____

Vision Screening Date: _____

Administered By: _____

Results: _____

Referral to a Doctor? _____

____ Yes ____ No

Hearing Screening Date: _____

Administered By: _____

Results: _____

Referral to a Doctor? _____

____ Yes ____ No

Other: _____

PARTICIPATING SCHOOL CORPORATIONS

*Clinton Central School Corporation ♦ Clinton Prairie School Corporation
Lebanon Community School Corporation ♦ Rossville Consolidated School District
Western Boone County Community School Corporation*