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Vision/Hearing Request Form

In fall of every school year Oconomowoc Area School District performs Vision and Hearing Screenings on the following grades:

- 4K and 5K grades will **automatically** be screened for **hearing and vision** unless a parent fills out an exclusion form.
- Children in 5th and 8th grade will **automatically** be screened for **vision** unless a parent fills out an exclusion form. Hearing is by parent/teacher request only for 5th and 8th graders.

Request Date:				_ Schoo	l:				
I request that:Child's N									
Teacher:			_ Grade		Home Ro	oom Numbe	r	_	
Request Made By:	Teacher Parent Name (please print) Name (please print) Teacher Requests-Date Parent was notified of screening request:								
Reason for concern:									
				Resu					
Date Screened:									
Hearing: Hearing Rescreen/Re						ed/Unable t	to Test	Not Req	uested
					2000				
Frequency		100	00		2000)		4000)
Frequency	Pass	100 Fail	00 Refused	Pass	2000 Fail	Refused	Pass	4000 Fail	Refused
Right	Pass			Pass			Pass		
Right Left				Pass			Pass		
Right Left				Pass			Pass		
Right Left		Fail			Fail			Fail	Refused
Right Left Pass at 25 decibels is accept	otable Passed	Fail	Refused		Fail used/Ur	Refused	st Not	Fail Requeste	Refused

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