*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(name of school system)*

Vision/Hearing/Postural Screening Referrals

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Child’s Name | Class | Initial Screen Date | Re-Screen Date | Referral Sent Home Date | Referral Returned Date | Referral   Results | Other |
| 1. |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |  |
| 11. |  |  |  |  |  |  |  |  |
| 12. |  |  |  |  |  |  |  |  |
| 13. |  |  |  |  |  |  |  |  |
| 14. |  |  |  |  |  |  |  |  |
| 15. |  |  |  |  |  |  |  |  |