Print Form

IEP/RTI Referral Health Screening Report



Health Services
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P: (907) 746-9200

Student:		Grade:						
Teacher:		Referral Date:						
Vision Scree	ning Da	<u>ta</u>						
Circle one: With correction Without correction		Screening Date:						
Distance acuity		Both 20/		Right 20/		Left 20/	Left 20/	
Near Acuity		20/		20/		20/		
Color Discrimination		Pass Fail						
Yes No Hearing Screen	_	•	•	Screenin	g Date:			
Frequency	500	1000	0 20	000	4000	6000	8000	
Right ear								
Left ear								
Additional so Yes No Does Studen Yes No				ın in Plac	e?	'		
Specific Health	n Concer	ns:					_	
School Nurse:		Date:						