



Serving The Head Start Community Since 1985

Notice of Hearing/Vision Screening Results

Name: _____

Date: _____

Center/Home Base: _____

Hearing:

_____ : The result of your child’s hearing screening suggests that your child may have some hearing difficulty.

_____ : Kids Central will rescreen your child.

_____ : Kids Central, Inc. recommends follow-up with your child’s physician.

_____ : Your child passed the hearing screening.

Vision:

_____ : The result of your child’s vision screening indicates your child may have some vision difficulty.

_____ : Kids Central, Inc. will rescreen your child.

_____ : Kids Central, Inc. recommends follow-up with your child’s physician.

_____ : Your child passed the vision screening.

If you should have any questions please feel free to call Health Services at 276-679-0514 ext. 108 or ext. 111 and we will be glad to assist you in any way we can.

KCI Health Services Division