

Name: _____ Date of Birth: _____ Date: _____

School: _____ Grade: _____ Psychologist: _____

(LEFT)					AUDIO		(RIGHT)				
500	1000	2000	3000	4000		500	1000	2000	3000	4000	
0											0
10											10
20											20
25											25
30											30
40											40
50											50
60											60
70											70
80											80
90											90
500	1000	2000	3000	4000		500	1000	2000	3000	4000	

Pass _____ **Fail** _____

*Pass (able to hear 4 out of 5 tones in at least one ear) for Psychological Services testing purposes.

VISION

NEAR POINT

FAR POINT

(without glasses)

(with glasses)

(without glasses)

(with glasses)

LEFT 20/_____

20/_____

LEFT 20/_____

20/_____

RIGHT 20/_____

20/_____

RIGHT 20/_____

20/_____

BOTH 20/_____

20/_____

BOTH 20/_____

20/_____

Pass _____ **Fail** _____

*Pass (20/40) or below in either eye at near point for Psychological Services testing purposes.

COMMENTS:

APPROVED BY: _____