

# SUWANNEE COUNTY SCHOOL DISTRICT



*Office of Student Services*

*1740 Ohio Avenue, South*

*Live Oak, Florida 32064*

*386-647-4630*



## Sensory Screening Form

Student: \_\_\_\_\_ School : \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Referred by: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### HEARING:

Screening  
Completed By  
& Position: \_\_\_\_\_

Date of  
Screening: \_\_\_\_\_

Results: ☐ Pass ☐ Fail

Further Evaluation Required: ☐ Yes ☐ No

Comments:

### VISION:

Screening  
Completed By  
& Position: \_\_\_\_\_

Date of  
Screening: \_\_\_\_\_

Results: ☐ Pass ☐ Fail  
☐ Pass w/Glasses

Further Evaluation Required: ☐ Yes ☐ No

Comments: