

VISION AND HEARING SCREENINGS

September 6, 2017

Dear Parent/Guardian:

A vision and hearing screening will be carried out at your child's school in the near future.

VISION SCREENING - conducted with students in grades K, 1, 3, 5, 7 and 9

The vision screening program is designed to detect signs of possible vision difficulties which may interfere with your child's learning and school progress. It is not intended to be a substitute for the vision examination performed by an Optometrist or Ophthalmologist (eye doctor) and glasses will not be prescribed at this time. Students wearing prescription glasses will not be screened. Following the initial screening, you may receive a letter from the school division recommending that your child see an eye doctor for further assessment.

HEARING SCREENING - conducted with students in grades K & 1

The hearing screening program is designed to identify students who may have a hearing loss which can affect the child's speech and language acquisition, learning ability and social development. Following the initial screening, you may receive a letter from the school division recommending that your child see an audiologist for further assessment.

PLEASE NOTE: Because the screenings take place only once per year at each school, parents of children who are absent at the time of the vision and/or hearing screening will also receive a letter recommending follow-up, as no further school screening will occur.

VISION & HEARING SCREENING PROGRAM CONSENT FORM

Please complete this form and return it to the school by **September 15, 2017**.

I give permission for _____ to be screened.

(Name of child)

OR

I do **not** want _____ to be screened.

(Name of child)

Parent's Name: _____

(Please print)

Signature: _____

Date: _____

School: _____

Teacher's name: _____

Class: _____ (e.g. K-PM, 3A)