

Dear Parent(s) or Guardian:

Your child, if in grades pre-K, K, 1,3,5,7,9 or 10, may be given a vision screening during this school year. Before screening is conducted, state law requires parents be informed that **vision screening is not a substitute for an eye examination by an eye care specialist.**

Vision screening may take place at any point during the school year. Every attempt is made to have student vision screening completed within 60 days from the start of the school year. Several methods for vision screening are state approved and available for student screening. Any of the following methods may be used to screen your child: Distance vision charts, photo screening, or computerized programs. School screenings are coordinated by the school nurse who may use trained parent volunteers and school staff to assist, or may request state-approved vision screening assistance from the Lions Sight Foundation, Friends for Sight, or the Utah Division of Services for the Blind and Visually Impaired.

You will receive a referral letter if your child fails the screening. However, even if your child passed, it is important that your child see an eye care specialist once a year. School vision screening does not evaluate eye health and cannot uncover important vision problems or prescribe treatment. Vision referral information, on children age 8 and under, will be reported to the Utah State Division for the Blind and Visually Impaired as stated in Utah Law 53A-11-203.

Because academic learning is 80% visual, and visual problems are best detected and treated early, a comprehensive eye and vision examination is recommended. Healthy eyes and good vision are essential for success in school.

Please provide the school with written notification if you do not want your child to participate in the screening program.

If you have questions, please contact Lori Tuttle, Emery County School Nurse at (435) 381-2252 or (435) 749-1689.

Sincerely,

Principal

To: School Nurse

Due to a personally held belief, I do not wish for my child to have a vision screening during this school year until further notice. I understand that I may change my mind at any time and will do so in writing.

My child's name is: _____

School: _____ Grade: _____ Teacher: _____

Signature:

_____ Date _____

Printed name:

I am the child's __parent ____ guardian