

**APPENDIX B**  
Sample Parent Notification Letter  
Notice Regarding Vision Screening

Dear Parent:

Your child \_\_\_\_\_ received a vision screening  
at \_\_\_\_\_ school on \_\_\_\_\_.  
(date)

The following results were obtained:

Distance Acuity	Without Glasses	With Glasses
	Pass___ Refer___	Pass___ Refer___

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Binocular Acuity	Pass_____	Refer_____
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Other Observations: \_\_\_\_\_

\_\_\_\_\_

The vision screening results indicate your child:

\_\_\_\_\_ **Passed** the vision screening. **A vision screening does not substitute for a comprehensive eye examination by an eye care practitioner.**

\_\_\_\_\_ **Referral means a professional evaluation is warranted.** We ask your cooperation in obtaining a comprehensive eye examination from an eye care professional for your child, since many vision problems can be corrected with prompt attention and treatment.

When your doctor examines your child, please have him/her fill out the attached form and return it to the school.

If you have any questions concerning your child's vision screening results, please call

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

School Telephone Number: \_\_\_\_\_

**APPENDIX C**  
Sample Eye Care Professional Report Form  
Report of Eye Examination to the School

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Examination: \_\_\_\_\_ Date of Next Appointment \_\_\_\_\_

Visual Acuity:	Near		Distance	
Without Lenses	Right 20/	Left 20/	Right 20/	Left 20/

With Lenses	Right 20/	Left 20/	Right 20/	Left 20/
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Other Tests Performed Name: \_\_\_\_\_ Results: \_\_\_\_\_

Name: \_\_\_\_\_ Results: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

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Lens Requirements: Correction not required \_\_\_\_\_  
Correction prescribed \_\_\_\_\_  
Glasses \_\_\_\_\_ Contact Lenses \_\_\_\_\_

Corrected Visual Acuity: Right 20/ Left 20/

Frequency of Classroom Use:  
Wear at all times \_\_\_\_\_ Wear for distance only \_\_\_\_\_  
Wear for reading tasks only \_\_\_\_\_ Other (specify) \_\_\_\_\_

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Physical Education:  
Wear for physical education \_\_\_\_\_ Remove for physical education \_\_\_\_\_

Other Recommendations: \_\_\_\_\_

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Provider Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

October 2012

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