**ROCORI AREA SCHOOLS**
**ISD #750**
**Vision and Hearing Screenings**

Each year, the ROCORI School District conducts vision and hearing screenings for students in the school district. Although they are not complete examinations in either area, the screening system helps to identify students who may be in need of additional medical or professional care.

Our screening processes are certainly not the same as a standard examination from a physician or health professional. However, they are valuable preliminary efforts to help identify students who might be experiencing vision or hearing problems and provide an opportunity to encourage those students to see a professional.

Vision screenings are completed yearly for all students in grades K-5 in our Elementary Buildings. Grades 6-12 students will be screened at the request of teachers and/or parents.

Hearing screenings are completed at the request of teachers and/or parents.

Our local Lion's Clubs have been instrumental in helping us purchase the equipment needed to complete these screenings. The Lions then also volunteer their time to help us to complete these screenings in a timely fashion with as little disruption to the class day as possible.

Vision Screening will be completed this year in your building in early October. The Lion's Club will also be assisting with this. The vision screener that we use is a camera that takes a picture of the students eyes and is able to give us a pass or referral message based on the students visual acuity. The student just sits on a chair and we take a picture of their eyes. Nothing will touch the child. This camera also will take the picture with your child wearing their prescription glasses/contacts. They **NEED** to bring their glasses to school on this day even if they do not typically wear them. If your student is absent we will find them a different day to complete their vision screening. If you would like to **OPT** your student **OUT** of vision screening please sign and return the attached form so that we do not have them participate.

Please feel free to message with any questions or concerns related to vision or hearing screenings.

Sincerely,

Jessica Miller, BSN RN LSN

Rocori District 750 Nurse

Rocori School District

OPT OUT VISION SCREENING

I would like my child _____
OPTED OUT of vision screening for the 2025-26 school year

Parent signature _____date_____