School Hearing and Vision Screening Information Letter

Hearing and vision screenings will be administered in the next few weeks to all children in first, third, fifth, seventh, ninth and eleventh grades, as required by state law. New students and kindergarteners may also be rescreened at that time.

Why is it important to have your child's vision screened?
Young children with vision problems do not know the way that they see the world is not the way they should be seeing it! Without early detection and treatment, children's vision problems can lead to permanent vision loss and learning difficulties.

Vision screening will consist of one or more of the following:
1. Distance visual acuity - ability to see objects far away
2. Binocular vision - how well your child's eyes work together
3. Color vision - ability to see colors

Why is it important to have your child's hearing screened?
Hearing is important for speech, language development, reading and learning. A hearing screening can detect if your child needs further hearing testing. Even if your child has passed a hearing screening previously, their hearing can change. Hearing problems can be related to medical problems, can cause them to miss crucial instruction in the classroom, and may interfere with learning new vocabulary. Hearing loss is invisible and the child may appear to be not paying attention.

Hearing screening will consist of the following test:
Audiometry – Pure-tone screening of hearing acuity.

How will the results be shared?
If your child **passes** the hearing and vision screening, you will not be directly contacted. You are welcome to contact the nurse or other medical personnel to learn the screening findings.

If your child **does not pass** the hearing and/or vision screening, the school nurse will send a letter to share the results and may make a recommendation for further evaluation by a specialist.

If you have any questions about the school hearing and vision screening program, or **if you wish for your child to be exempt from screening please return the attached form to your school nurse prior to your testing date.**

Thank you,
Avon Lake City School Nurse

Avon Lake City Schools

Vision and/ or Hearing Screening Waiver
Only return this form if you DO NOT want your child screened.

Date: _____

Vision/ Hearing Screening Waiver
School Year: _____
Child's Name: _____
Teacher: _____
School: _____

I _____, the parent/legal guardian of _____, request that he/she be exempt from the state mandated annual school vision screening/ hearing screening monitoring for the current school year. I understand by choosing to exempt my child from the district vision/ hearing screening, I cannot hold the district liable in any way for any undetected changes in hearing/vision/vision health or for any related services/accommodations that he/she may not receive due to any unidentified changes in hearing or vision. I further understand that should I wish to revoke this waiver during the present school year, it is my responsibility to provide a written and signed note to the school nurse prior to the school's scheduled vision screening/monitoring.

_____ _____
Signature of Parent/Legal Guardian Date

_____
Printed Name of Parent/Legal Guardian

☐ I **do not** want my child's vision to be screened.

☐ I **do not** want my child's hearing to be screened.

This area for office use only: Received by: _____ Date: _____