

**HEARING AND VISION SCREENING**

Hearing and Vision screenings will be starting in the month of November to all children in first and third grade as required by state law. New students may also be screened/rescreened at that time. Ohio Department of Health requirements for distancing, personal protective equipment, and sanitation will be followed.

**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 the following:**

Distance visual acuity - ability to see objects far away

**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. Hearing loss is invisible and the child may appear to be not paying attention.

**Hearing screening will consist of the following test:**

Audiometry - 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 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 complete and return the attached waiver. Please contact your school nurse if you have questions.

Thank you,

Kim Rose, RN

Kimberly.Rose@avonlakecityschools.org



**Please print, complete, and return Attn. Nurse by October 29 if you DO NOT wish for your child to participate in screening.**

Date:

**Vision/ Hearing Screening Waiver**

School Year: 2021-2022

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: Redwood Elementary 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, Icannot 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.

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Signature of Parent/Legal Guardian Date

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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.