Dear Parent/Guardian,

School vision screening tests, recently performed at ________________, indicate that your child, ______________, was tested (with glasses/contacts on) and did not pass the screening.

Children’s eyes can change over a period of time. Perhaps you already have had your child examined by an ophthalmologist. If so, please write a note to that effect and have the enclosed form completed by the eye specialist and return it to the school health office.

If your child has not seen an eye specialist recently, it is advisable to have an examination as soon as possible. When you go, please ask the physician to complete the enclosed form and return it to us.

It is very important that we have this report from the eye specialist to incorporate any recommendations that will assist us in helping your child do his/her best at school.

If you have any questions, please call me at: ________________.

Sincerely,

_______________, School Nurse

Enc.
Dear Physician:        Date:  ________________

As you know, school children are screened for vision problems as required by Massachusetts General Law.  ______________ has implemented the Enhanced School Vision Guidelines developed by DPH and released in September 2005, which include far vision (preschool-grade 12, near vision (grade 1-12) and stereopsis for preschool through 3rd grade.

The child indicated below did not pass the following component(s) of the vision screening:

<table>
<thead>
<tr>
<th>Screening performed</th>
<th>Tool used for Screening</th>
<th>Screening Result</th>
<th>Other (glasses/contacts?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linear Distance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Linear Near</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stereopsis/Ocular Alignment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Color (performed only ‘as needed’</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Parents of those children failing the screening are asked to take the child to a vision specialist for evaluation. If the child is already under care, we need updated information for the child’s school health records.

In order that we may provide any educational adjustments you recommend, please complete the form below and have the parent return the form to the school health office.

Sincerely,

_____________________, School Nurse
Tel.:  ______________________

Child’s name:  ________________________
Date of Examination:  ___________
School:  ______________________________
Grade:  _________

Brief summary of significant findings:

Diagnosis:  ___________________________
Treatment:  ___________________________

Prognosis:  ____________________________
Return Visit recommended in _______months.

I advise the following education adjustments for the child:

☐ None at present
☐ Preferential seating in classroom   Front_____ Rear_____
☐ Glasses for full-time use in school
☐ Glasses for part-time use in school.  Specify:  _______________________________
☐ Other recommendations _______________________________

Signature:  _______________________________ Phys./Practice Name:  ____________________
Address:  _______________________________ Telephone:  _____________________________