Letter: B

SAMPLE Referral Letter for Parents [School Letterhead]

School Vision Screening Referral

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ To: Parent(s)/Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The vision screening findings are listed below indicate your child results:**

Your child’s vision was screened at school. Vision screening is routinely conducted in schools as required by state law. School vision screening is performed to determine if your child has a vision problem that could interfere with learning.

|  |  |  |  |
| --- | --- | --- | --- |
| **Screening Test**  | **Right Eye** | **Left Eye**  | **Vision** |
| Distance visual acuity  | □ PASS  | □ NON PASS | □ PASS  | □ NON PASS | ability to see objects far away |
| SureSight Vision Screener  | □ PASS  | □ NON PASS | □ PASS  | □ NON PASS | ability to see objects far away |
| Retinomoax Autorefractor  | □ PASS  | □ NON PASS | □ PASS  | □ NON PASS | ability to see objects far away |
| Stereopsis vision |  Both Eyes □ PASS □ NON PASS | how well your child’s eyes work together |
| Near visual acuity\*Optional Test  | □ PASS  | □ NON PASS | □ PASS  | □ NON PASS | ability to see objects up close |
| □ UNABLE to be screened: Comments: |

Results

□ Your child **PASSED** the vision screening and nothing more needs to be done at this time. (*Remember, a vision screening does not detect all vision problems or diseases. A screening does not take the place of a comprehensive eye exam performed by an optometrist or ophthalmologist. If you still have questions or concerns, please seek the advice of an eye care professional.)*

□ Your child **DID NOT** **PASS** vision screening. (See below for the steps that you need to follow to help your child). If color vision criteria was not met a color vision letter will be attached.

**Referral Form**

Please take this referral form with you to the eye care specialist. It is important that the ophthalmologist or optometrist complete the Eye Specialist Report and that it is returned to the school. The recommendations can then be followed at school to benefit your child’s learning.

**Find an eye doctor near you:**

If you need help with locating an eye care specialist, paying for the examination and/or glasses (if prescribed), or have questions about your child’s vision screening, please contact me. If your child is already receiving eye care from a professional, please have the Eye Specialist report (Form I) completed by the Optometrist or Ophthalmologist and return to the school.

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 Screening (Contact Person) Phone/FAX/email