

**IMPORTANT: STUDENTS WHO WEAR GLASSES SHOULD WEAR THEM THE DAY OF TESTING!**

Dear Parent,

The Special Senses and Communications Disorders Act requires that schools show proof that vision and hearing tests have been performed on all pre-k, kindergarten, 1<sup>st</sup>, 3<sup>rd</sup>, 5<sup>th</sup> and 7<sup>th</sup> grade students

Your child’s school has chosen On Sight Vision and Hearing Screening Service to perform the screening on **January 12, 2015**. The cost is \$25 for both tests (or \$20 if only one test is needed). A copy of the results will be left at the school for both you and the school.

Please fill in the form below and return it to the school. If your child meets the above criteria and you prefer to have this done elsewhere, we must have a copy of the actual results of the screening (not just the words “PASS” or “FAIL”) by the date of the testing as stated above. These tests must have been performed in this calendar year. The Texas Department of Health requires yearly reporting of this information. Thank you for your compliance in helping the school fulfill this requirement.

**PLEASE RETURN THIS FORM TO SCHOOL AS SOON AS POSSIBLE!**

---

Student’s Name	Age	Date of Birth	Teacher
----------------	-----	---------------	---------

Please send check, cash or money order. **Make checks payable to your school** and please attach a separate check for each student.

**Three tests - \$35 Two tests - \$25 One test - \$20**

Please check which screenings are needed:

Vision screening       Hearing screening       Spinal screening  
 I am choosing not to participate in this program and understand that I must furnish the school with a copy of the results of these tests if my child meets the above criteria.

My child has a doctor’s appt. scheduled on \_\_\_\_\_ and I will give the results to the school the next day.

The following information would be helpful if your child is participating in the screening:

Do you have any concerns about your child’s vision or hearing? \_\_\_\_\_

---

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date