

Vision Screening Report

Child's Name: _____

Date of Birth: _____

Date of Screening: _____

Child's Age at Screening: _____

Name of Screener and Position: _____

Dear Parents/Guardians

Our school district routinely performs vision screenings to identify students who have vision problems or might be at risk for vision problems. The vision of students is vital, especially for classroom learning, so it is important to identify any barrier to learning that can be corrected. Your child's school vision screening results suggest that he/she should have a complete professional eye exam. It is important to your child's school success to have a professional evaluation. If a problem is found and corrected, it may help your student do better in his/her school work. Just because there are no complaints about vision, you should not assume that your child has perfect vision. Often children do not know they should be able to see better than they do.

If you need help finding a local eye doctor, please contact **Shining Stars Preschool at 910-671-4343 or 910-521-0559**. Enclosed is a referral form to take to your eye doctor. It is important for us to know the outcome of the professional examination, so please return the form to us with the results of the exam.

Instrument Screening (for children birth to 5 years of age) Spot Vision Screener - Welch Allyn

_____ Pass:

_____ Referred:

_____ Child unable to cooperate

_____ Other: _____

Comments/Notes: _____

Signature of Person Conducting Screening

Date