# Vision and Hearing Screening Report to Parents

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Vision Screening

☐ 3rd Grade ☐ 5th Grade ☐ 7th Grade

The vision screening conducted by the school nurse suggests that your child may benefit from a comprehensive eye examination by an optometrist or ophthalmologist.

## Hearing Screening

☐ 3rd Grade

The hearing screening conducted by the school nurse suggests that your child may benefit from further evaluation by a medical professional or audiologist.

## If your child’s doctor provides any recommendations related to the school environment, please contact your child’s teacher and/or the school nurse. This will help ensure we are providing the necessary support for your child’s success in school.

If you have any questions or concerns, please contact the school nurse at:  
📞 (555) 123-4567  
📧 [nurse@boe.richmond.k12.ga.us](mailto:nurse@boe.richmond.k12.ga.us)