

VISION/HEARING SCREENING

Dear Parents:

Each year Douglas County Schools conduct vision and hearing screening for all students in the state-mandated grade levels K, 1, 2, 3, 5, 7 and 9, as well as new students to the District and special education students in other grades. The audiologists oversee the hearing screening and the school nurse consultants oversee the vision screening. Since the audiologists and the nurses are responsible for many thousands of students, parent volunteers are utilized to expedite the screening process. The vision assistant, audiology technicians and adult volunteers conduct the screenings.

It is important for you to understand that this is a mass screening to detect academically significant vision and hearing problems. Certain visual or eye problems will not be picked up in a screening program, therefore, it should **not** be considered a substitute for a professional eye exam, particularly in students who are experiencing difficulty in visual tasks or who have frequent visual complaints. Students should be wearing or at least have any corrective lenses with them for the screening. This helps to avoid unnecessary referrals for an eye exam.

The hearing screening may be done on a day your child has a cold or an ear infection. If a problem is detected, your child will be rechecked at school, referred to your doctor or referred to the Audiology office for a more complete evaluation.

Referral letters are sent to the parents of students who fail the vision or hearing screening. **It is very important that the referral forms are returned to your child's school.** If your child is on medication for an ear problem and is being followed by your doctor, please inform the Audiologist. Hearing referrals are to be returned to the Audiology/Special Services office and the vision referrals are to be returned to the school. Any questions that you may have about the school hearing and vision screening can be answered by the Audiologist or school nurse at the phone numbers listed below.

If you would like to opt out of vision or hearing screening, please request the opt out in writing at least the day before the screening, so that the request can be sent to the appropriate personnel.

Thank you in advance for your support of these very important programs.

Audiologist: Jodi Little, telephone: 303-681-8652

Nurse: Jane Burkhardt, telephone: 303-387-8125

STUDENT VISION SCREEN
RELEASE AGREEMENT

The undersigned parent or guardian of: _____

hereby requests personnel employed by the Douglas County School District Re. 1 to **withhold and not perform** the State of Colorado mandated vision screening normally provided for all students in preschool, K, 1, 2, 3, 5, 7 and 9th grades and in Special Education classes.

The undersigned parent or guardian hereby agrees to release the Douglas County School District and its personnel from any claims which they now have or may hereafter have arising out of the release of obligation to perform this screening that is mandated by law in the State of Colorado.

Dated: _____

Signature: _____ (You DO NOT wish to have your child tested)

School Child Attends: _____

Teacher: _____

Grade: _____

*** Please return to Rhian Christianson, Vision Screening Assistant for DCSD Parker Area***