



SAMPLE LETTER

Notice of Results of School Vision Screening

_____ Date

Dear Parent/Guardian of _____ Grade _____

As part of the health assessment program in our school, your child's eyesight was recently screened. This screening shows that your child may have a vision problem in the area(s) noted below:

_____ Distance	Both Eyes _____	Right _____	Left _____
_____ Near	Both Eyes _____	Right _____	Left _____

Because good eyesight helps your child achieve in school, you should immediately take your child to an eye doctor for follow-up testing.

Please provide the school with the results of the follow-up testing recorded on the attached E12S form. The results must be brought to school within 30 days of the date of this letter.

Thank you for giving this your prompt attention.

Sincerely,

Principal

Attachment

c: Student's File