## 6. School Vision Screening Referral Letter

[School Letterhead]

**Kansas School Vision Screening**

**Referral to an Eye Care Professional**

Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parent/Guardian:

Your child’s vision was recently screened at school to identify if he/she might have a vision problem or might be at risk for vision problems. The results of the screening indicate the need for an eye examination by an eye care professional. The findings from the screening are recorded on the top of the attached referral form. The bottom of the referral form is to be completed by your child’s eye care professional (optometrist or ophthalmologist).

It is important to complete this referral soon, as uncorrected vision problems can affect learning. Even when a child has no complaints, he/she may be experiencing vision problems.

* Let us know if your child is already receiving eye care from an eye care professional, and provide the date he/she was last examined.
* **Let us know if you need help finding a local eye care professional.** Services may be available for those unable to pay.
* Please take the attached form with you when you take your child to the eye care professional.
* Sign the **“Release of Information”** on the bottom left of the attached form.
* Have your child’s eye care professional complete the form.
* **Please return the completed form to the school nurse or school contact.**

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Nurse or School Contact

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number/Email

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