Date

Name of Student: XXXXX

Dear Parent/Guardian:

Each year vision screening is conducted on all third graders as mandated by the Commonwealth of Virginia. This year XXXXX partnered with the local Lions Clubs for the first phase of the screening using a vision screening instrument. Students who did not pass the instrument screening were checked by the school nurse with an eye chart. The results of this screenings conducted on your child are as follows:

Date of instrument screening: \_\_\_\_\_\_\_\_ Did not pass

Date of eye chart screening: \_\_\_\_\_\_\_\_\_\_ Right eye: 20/\_\_ Left eye: 20/\_\_

Ideal results for children this age are 20/20 or 20/30. As these tests were conducted for the purposes of screening not diagnosis, it is recommended that you have your child’s vision tested by an eye doctor such as an optometrist or ophthalmologist.

Please feel free to contact me at the school if you have any questions regarding the screening procedures.

Sincerely,

School Nurse