

SAMPLE LETTER- USE SCHOOL LETTERHEAD

Vision Screening

Dear Parent/Guardian of _____ Grade _____

As part of the health assessment program in our school, your child's eyesight was screened. This screening shows that your child may have a 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 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