

Dear Parents:

Vision and hearing screenings for certain grades and categories are required by the State of Illinois, according to state statute. These tests do not conflict with health exams already required in kindergarten, second, and sixth grades. These tests will be conducted this year by Margaret Wilson and Debbie Joelner, registered nurses certified by the Illinois Department of Public Health. The tests will be conducted Tuesday, Oct. 27, 2020. Each test is \$5.00. Those not present will be tested at an alternate date.

**VISION:** The state requires vision screenings for kindergarten, second, and eighth grade students, all transferred students who have not submitted a vision form, and students referred by their teachers. This year, most kindergartners have submitted eye examinations and vision testing will not be needed for them. Parents may also request their children be tested by notifying the office and submitting the \$5.00 fee.

**Students in second and eighth grades who wear glasses or contacts still need to be tested and/or checked for glasses if they have not submitted to the school a vision test conducted by an optometrist or ophthalmologist within the last year (see form below). Parents must indicate on the form below that a recent eye exam form was submitted to the school office for their child to forgo this test. Submitting a form after the testing will not excuse the testing fee. Glasses will be cleaned and inspected for good working condition.**

**HEARING:** Hearing screenings are mandated for all students in kindergarten, first, second, and third grades; children referred by their teachers; transfer students if no tests were forwarded by their former school; and children with a known hearing loss or wearing hearing aids. If a child has had a hearing test by a certified audiologist or otolaryngologist and you indicate below that the test is on file in the school office then the hearing test is not necessary.

<u>GRADE</u>	<u>TEST(S)</u>	<u>COST</u>
Kindergarten (Vision previously filled by most students at this level.)	Hearing	\$ 5.00
First Grade	Hearing Only	\$ 5.00
Second Grade	Vision & Hearing	\$10.00
Third Grade	Hearing Only	\$ 5.00
Eighth Grade	Vision Only	\$ 5.00

**BY FRIDAY, OCT. 16:** Please return this portion with the appropriate *fees and/or information* inside an envelope with your child's name and the name of your child's grade written on the outside of the envelope.

My child, (print) \_\_\_\_\_, in Grade \_\_\_\_\_, is submitting a fee of (amount) \$ \_\_\_\_\_ for:

( ) **Vision**                      ( ) **Hearing**                      ( ) **Both**

My child, (print) \_\_\_\_\_, in Grade \_\_\_\_\_ has a current vision (within past 12 months) examination **on file** with the school.

My child, (print) \_\_\_\_\_, in Grade \_\_\_\_\_ has a current hearing test by a specialist (within past 12 months) **on file** in the school office.