

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