



SOLDIER HOLLOW

C H A R T E R S C H O O L

Opt Out Screening Form for Vision and Hearing

Vision and hearing screenings will be conducted throughout the school year and is required by Utah State Law for Soldier Hollow Charter School to perform both vision and hearing screening on all Pre-K, Kindergarten, 1st, 2nd, 3rd, 7th grades. 5th grade vision only.

Children often do not complain of poor vision whereas they may have seen everything in the same manner for years and are not aware the world doesn't look the way they see it. Amblyopia (lazy eye) is a common, but not always obvious eye defect which must be identified before the age of seven for the most effective treatment. Children's eyes can change in as short of time as 6 months and there may be a need to see their eye doctor for a possible change in the prescription. Please be sure your child brings their eye glasses on the day of the vision screening at their school if they wear glasses.

Hearing is critical to your child's ability to learn and to progress satisfactorily at school. For this reason, we will be checking your child's hearing. This hearing screening is a very simple procedure which will take only a few minutes. If your child is absent or has difficulty with the hearing screening test, we will re-check them 2-3 weeks after the initial screening.

If children cannot see the blackboard or hear the teacher, they could experience difficulties when learning.

Parents will be notified **ONLY** if a child does not pass either test or needs further testing.

If you DO NOT wish to have your child's vision screened or hearing screened, please complete the following portion and return to your child's school by September 12, 2019.

I DO NOT give permission for my child, _____ Grade _____

(Please print child's full name)

to receive vision screening _____(check) or hearing screening _____(check) consistent with the requirements of Utah Law. I understand that the results of the vision/hearing screening and necessary additional information about my child may be in his/her school records and may be shared with other educators and health care professionals working with the schools to provide appropriate follow-up services for my child.

Signature of Parent/Legal Guardian

Date