

Join the

Kids Eyes Count

C A M P A I G N



Date: \_\_\_\_\_

Dear Parent of \_\_\_\_\_ Grade \_\_\_\_\_ Room \_\_\_\_\_  
Child's Name

**RE: FAILED Vision Screening**

Your child was given a vision screening in school today. The attached vision screening report indicates **your child requires a complete eye and vision evaluation by an eye doctor as soon as possible.**

Undiagnosed and untreated eye and vision problems can interfere with learning and contributes to poor performance in school.

Please follow this checklist:

- 1.) Schedule an eye appointment with an optometrist or ophthalmologist immediately.
- 2.) Sign the attached vision screening report.
- 3.) Complete the top section of the attached Vision First *Student Comprehensive Eye and Vision Examination Report* and sign at the bottom.
- 4.) Take this letter and the signed vision reports to your eye appointment.
- 5.) Ask your eye doctor to complete the vision reports at your eye appointment.
- 6.) **Return a copy of the completed Vision First report along with this referral letter and the vision screening report promptly to our office.**

A completed Vision First report will assist your child's teacher in providing an excellent educational program for your child and will allow us to maintain the records in your child's health folder.

If you have any questions regarding this letter, please contact us for further information. Thank you for your cooperation in support of our commitment to excellence in education.

Sincerely,

*Student Referral Letter Part One with  
Student Comprehensive Eye and Vision Examination Report  
and optional Reference Page and/or fact sheet choice*

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Custom #SRL101-US

*Make a difference in the eyes of a child*