

IMPORTANT:
Please return to school
- even if declining -
by Friday Nov. 28

Texas Dept. of Health Requirement: VISION - HEARING
Bannockburn

The Special Senses and Communication Disorders Act **requires** that schools show proof that **vision and hearing** is done on students in **grades PK, K, 1, 3, 5, 7 and all new students**. This screening is encouraged for grades 2 and 4.

Because of this law and in keeping with the quality your school provides for your child, they have again chosen the above group of professionals to perform the screening on **Thursday, Dec. 06, 2018 – 9:00 a.m.** Vision screening is done on children that do not know the alphabet by playing a “matching game” and hearing is done by playing an “airplane pilot game”. The school will receive a copy for their records and one to be sent home to the parent.

If your child meets the above criteria and you prefer to have this done elsewhere, please give the school a copy of a screening done in 2018 by the screening date above. **Important:** Texas Dept. of Health requires that the school have an “official document” with the following information: student’s full name, date of birth, type of screening, screening date and the screeener’s name.

In addition, **Vision results** must be recorded for right and left eyes individually and **Hearing results** must be an **audiometric screening** in right and left ears individually at 25 dB (or less) at 1000, 2000, and 4000 Hz. **NOTE: An Otoacoustic Emissions Test (OAE) is not accepted by the TDOH as a hearing test.** The TDOH requires schools to submit this screening information yearly.

PLEASE RETURN THIS TO THE SCHOOL OFFICE- EVEN IF DECLINING - NO LATER THAN FRI. NOV. 28

Student’s Name (please print) Age Grade Date of Birth

Check, cash or money order should be made out to Tacquard & Assoc. If you have more than one student in the school, please ATTACH A SEPARATE CHECK FOR EACH STUDENT. ****Checks are cashed after the screening. ****

Two tests -\$45 One test - \$30

Please check which screenings are needed:

_____ **Vision** *Required* - grades PK, K, 1, 3, 5 and all new students. Encouraged: students in grades 2 and 4.

_____ **Hearing** *Required* - grades PK, K, 1, 3, 5 and all new students. Encouraged: students in grades 2 and 4.

_____ I am choosing not to participate. If my child is required to have screening, I will bring an official copy of the results - done during 2018 by the above screening date. **OR** I have checked with my child’s doctor to be sure they offer vision, hearing & scoliosis screening. An **appointment is scheduled** _____ and the results will be given to the school office by the screening date.

Any concerns about your child’s vision or hearing **OR** any family history of vision problems/glasses?

IMPT: STUDENTS WHO WEAR GLASSES/ CONTACTS SHOULD WEAR THEM THE DAY OF TESTING!

Parent or Guardian Signature

Date