Dear Parents/Guardians:

As per the State of Utah statute for vision screening in public schools, students in K, 1st, 2nd, 3rd, 5th, 7th and 9th grades will receive a basic Vision Screening test. This is done in a mass vision screening at the school. Screenings for all other grades may also be done if a parent or teacher has a vision concern. However, it is required that the parent or the teacher complete the State of Utah Vision Symptoms Questionnaire form. This form is available at your school's office.

Before screening is conducted, state law requires parents be informed that the school **VISION SCREENING IS NOT A SUBSTITUE FOR AN EYE EXAMINATION BY AN EYE CARE SPECIALIST.**

Vision screenings may take place at any time during the school year. Several methods for vision screenings are state approved and available for student screening. **One of the following two methods will be used to screen your child: Distance/Near Vision Charts and/or Digital Flashing Lights Photo Screening.** If your student has seizures that are triggered by flashing lights, please follow the information below for opting out of the vision screening. School screenings are coordinated by Friends for Sight who will train parent volunteers and school staff to assist.

You will receive a referral letter if your child fails the screening. However, even if your child passes, it is important that your child sees an eye care specialist once a year. School vision screenings do not evaluate eye health and cannot uncover important vision problems or prescribe treatment. Vision referral information, on children age 8 and under, will be reported to the Utah State Division for the Blind and Visually Impaired as stated in Utah Law 53A-11-203.

Please return the attached form to your child's school if you **DO NOT** want your child to participate in the screening program.

As allowed in UCA 53G-9-404 (2019) a parent may opt their student out of vision screening.		
Student name:	DOB:	School Year:
School:	Grade:	Teacher:
Parent to Complete		
As parent of the above named student, I do not wish for my student to have a vision screening during this school year. I understand that I may change my mind at any time and will do so in writing. I understand that this request is for the current school year only. This form may be re-submitted each school year.		
Parent/Guardian Name:		
Parent/Guardian Signature:	Date:	