

Sample communication templates

Template: Parent education before the vision screening

Dear parent or guardian,

Vision screenings will begin on [insert date].

The school will provide vision screenings for students in required grade levels and for students referred because of a vision concern. If your student wears glasses or contact lenses, please make sure they wear them on the day of screening. A child's vision may change as they grow, so screening can help identify when an updated eye exam or prescription may be needed.

Good vision is important for learning, reading, classroom participation, sports, and daily activities. Vision screening helps identify students who may need follow-up eye care.

A vision screening is not a diagnosis and does not replace a complete eye exam by an eye doctor. If your student does not pass the screening, is unable to complete the screening, or shows signs of a possible vision problem, you will receive a referral recommending an eye exam by an optometrist or ophthalmologist.

If you do not want your student to participate in vision screening, you must notify the school in writing each school year.

Please contact [insert name] at [insert phone number] or [insert email address] if you have questions.

Thank you for helping us support student vision, learning, and health.