

Dear Parents,

Vision and Hearing Outreach will be conducting vision and hearing screenings at our facility on **Thursday, January 25**. This screening is available to all the children who are three years of age on or before January 25. There is a \$10 charge per test. **Please bring cash, or make checks payable to Vision and Hearing Outreach.**

If you would like to have either your child's vision or hearing tested, please complete the bottom portion of this letter and return it to us on or before **Thursday, January 25**. If your child already wears corrective lenses, they will not be tested for vision. If your child does not normally attend on Thursday, you may bring them in for the screening at 9 AM.

Please see the attached practice sheets.

This vision screening does **not** satisfy the state requirement for a vision test on children entering Kindergarten in the 2024-25 school year.

Sincerely,

Tara Heilmann
Director

Child's Name _____

Please test my child's

Vision _____

Hearing _____

Vision and Hearing _____

Do not test my child for vision or hearing.

Parent Signature _____