

Look Hear

Vision and Hearing Screening

Consent Form

Dear Parent/Guardian:

We will hold Hearing and Vision screenings on 10/2, and 10/3. Screenings will be conducted by Look Hear, an independent hearing and vision testing service working in cooperation with states and local health departments. The State of Illinois mandates that children be screened for hearing in Pre-K, K, 1, 2 and 3rd grades. The State of Illinois mandates that children screened for vision in Pre-K, K, 2nd and 8 grades. Screening for all new transfer students as well as special education students is also mandated.

The fee for testing is as follows:

Vision test \$4.00

Hearing test \$4.00

(please make checks payable to Look Hear)

The testing will begin at 9:00 a.m. on Oct. 2nd 2018

Please complete the form below and return it no later than Fri. Sept. 28th

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STUDENT'S NAME _____ AGE _____

GRADE/ROOM _____

_____ I would like my child to be screened for Vision and Hearing. I have enclosed the \$8.00 fee.

_____ I would like my child to be screened for Vision only. I have enclosed \$4.00 for the test. **(checks payable to Look Hear)**

_____ I would like my child to be screened for Hearing only. I have enclosed \$ 4.00 for the test. **(checks payable to Look Hear)**

_____ I do not want my child screened.

Parent/Guardian signature _____