Date

Dear Parent/Guardian:

The district’s School Health Services program supports your student’s academic success by promoting health in the school setting. One way that we provide care for your student is by performing the health screenings as mandated by the State of Texas.

During this school year, the following screenings will be required or completed at school:

**Vision**
- Distance acuity for all newly entering students and students in Pre-K, Kindergarten, Grades 1, 2, 3, 5, 7.
- Near vision acuity, hyperopia and color perception screening for all newly entering students.

**Hearing**
- Hearing screening for all newly entering students and students in Pre-K, Kindergarten, Grades 1, 3, 5, 7.

**Scoliosis**
- Scoliosis (spinal curvature) screening for all students in Grades 5 – 7.

A letter will be sent home if there are any findings on the screening done at school that would cause concern or need medical follow-up. Please call the school’s Health Office if you have any questions or concerns.

__________________________, School Nurse

School Name
Health Office Phone Number