



Vision Screening Procedures

1. A vision screening must be conducted on **all** SST/Tier 3 students (*current SST/Tier 3 students and initial referrals to SST*).
2. Written parental consent is required prior to vision screening.
3. For **all** current SST/Tier 3 students, the SST Chair must obtain written parental consent for vision screening at the onset of the school year.
4. Once written parental consent is received, the SST Chair must refer current SST/Tier 3 students to appropriate staff/principal's designee to conduct vision screening.
5. For initial referrals to SST, the SST Chair must obtain written parental consent for vision screening prior to the initial SST meeting.
6. Once written parental consent is received, the SST Chair must refer the student to appropriate staff/principal's designee to conduct vision screening. Vision Screening should occur prior to the initial SST meeting.
7. Vision screenings are valid for one calendar year. Vision results can be accepted from the Health Department or from a physician. If near vision has not been completed by either the Health Department or physician, then the near vision must be completed by the school. **Please note** written parental consent is required.
8. If the student does not pass the far and near vision, wait three days and retest the student.
9. If the student does not pass after the second screening has been completed, then the Parent Notice of Failed Vision/Hearing Screening Letter must go home with the student the same day of the failed screening.
10. Two days after the letter has gone home, the principal's designee must follow up with a phone call to the parents. The principal's designee must document the date, time and a brief summary of the conversation.
11. After five days, the principal's designee will contact the parents to determine the status of medical follow up.
12. If after five days and there is no evidence of parental activity, the principal's designee must inform the SST Chair.
13. The SST Chair must then complete a social work referral. Supporting documentation must accompany the social work referral.



14. After three weeks, the SST Chair must follow up with the Social Worker and place a copy of the documentation from the Social Worker in the student's file.
15. After the Social Worker has completed the follow up from the referral, the SST Chair will provide the following documentation to the District SST/504 Coordinator:
 - a. Vision/Hearing Letter
 - b. Documentation log of phone contacts made to parent
 - c. Social work referral
 - d. Documentation from Social Worker
16. The District SST/504 Coordinator will follow up with a phone call to the parent to determine appointment status and to determine if the parent requires assistance with getting a vision appointment, etc.



Hearing Screening Procedures

1. A hearing screening must be conducted on **all** SST/Tier 3 students (*current SST/Tier 3 students and initial referrals to SST*).
2. Written parental consent is required prior to hearing screening.
3. For **all current** SST/Tier 3 students, the SST Chair must obtain written parental consent for hearing screening at the onset of the school year.
4. Once written parental consent is received, the SST Chair must refer **current** SST/Tier 3 students to appropriate staff/principal's designee to conduct hearing screening.
5. For **initial referrals** to SST, the SST Chair must obtain written parental consent for hearing screening.
6. Once written parental consent is received, the SST Chair must refer the student to appropriate staff/principal's designee to conduct hearing screening. Hearing Screening should occur **prior** to the initial SST meeting.
7. Hearing screenings are valid for one calendar year. Hearing results can be accepted from the Health Department or from a physician.
8. The student must pass the hearing screening in both ears.
9. If the student does not pass the hearing screening, wait three days and retest the student.
10. If the student does not pass after the second screening has been completed, then the Parent Notice of Failed Vision/Hearing Screening Letter must go home with the student the same day of the failed screening.
11. Two days after the letter has gone home, the Principal's designee must follow up with the parents. Document the date, time and a brief summary of the conversation.
12. After five days, the Principal's designee will contact the parents to determine the status of medical follow up.
17. If after five days and there is no evidence of parental activity, the principal's designee must inform the SST Chair.
18. The SST Chair must then complete a social work referral. Supporting documentation must accompany the social work referral.



19. After three weeks, the SST Chair must follow up with the Social Worker and place a copy of the documentation from the Social Worker in the student's file.
20. After the Social Worker has completed the follow up from the referral, the SST Chair will provide the following documentation to the District SST/504 Coordinator:
 - a. Vision/Hearing Letter
 - b. Documentation log of phone contacts made to parent
 - c. Social work referral
 - d. Documentation from Social Worker
21. The District SST/504 Coordinator will follow up with a phone call to the parent to determine appointment status and to determine if the parent requires assistance with getting a hearing appointment, etc



**Permission for Vision and Hearing Screening
Response to Intervention-Tier 3 (Student Support Team)**

Date: _____

Dear Parent/Guardian:

As part of the Student Support Team process, your child _____ has been referred for a vision/hearing screening by trained school staff. We are requesting permission to perform a vision/hearing screening with your child at your child's school. If your child is able to pass this screening, no further information will be sent to you. However, if your child is unable to pass the vision/hearing screening, a letter will be sent to you advising you of the results and recommendations.

Please understand that this is not a substitute for a complete vision and hearing examination, but rather serves as a method for us to screen our students and suggest further care for those who may have problems with their vision and/or hearing.

Sincerely,

SST Chair

Please check one and return this form to your child's teacher.

_____ I agree for my child to be screened.

_____ I do not agree for my child to be screened.

Parent/Guardian/Surrogate's Signature

Date



**Parent Letter: Notice of Failure of Vision/Hearing Screening
Response to Intervention-Tier 3 (Student Support Team)**

Date: _____

Dear Parent/Guardian:

Your child, _____, did not pass or could not perform one or both of the following performed at school:

_____ **Vision Screening** _____ **Hearing Screening**

Good vision and hearing is essential for school success; therefore, we are recommending that your child have a complete evaluation by a licensed professional to determine if a problem exists.

To obtain an Audiological Examination:

- You may take your child, at your own expense, to an ear specialist or audiologist.
- An audiological evaluation may be obtained through your medical insurance plan, Georgia Medicaid or PeachCare for Kids.

To obtain a Vision Exam:

- You may take your child, at your own expense, to a vision specialist or optometrist.
- You may contact a vision care provider listed on your medical or vision care insurance plan, Georgia Medicaid or PeachCare for Kids.

Thank you for your assistance.

Sincerely,

Vision/Hearing Screener

SST Chair

Principal