



THE NEW YORK CITY DEPARTMENT OF EDUCATION  
JOEL I. KLEIN, *Chancellor*

---

SAMPLE LETTER

(To be sent to parent/guardian 1 month from the date of initial screening & letter)

Notice #2 of the Results of School Vision Screening

\_\_\_\_\_ Date

Name of Student: \_\_\_\_\_

Dear Parent/Guardian:

Last month school staff or volunteers screened your child's vision. The screening results indicated that your child is in need of a complete eye examination by an eye care professional. In this regard, we feel it is very important that you immediately take your child to an eye doctor as we all know that uncorrected vision problems can affect a child's ability to learn.

Please give the doctor the attached E12S referral form and ask him/her to fill it out completely. We would like you to return this form to the school within one month.

If you have already taken your child for eye care and have not returned the E12s referral form, please forward the completed form to your child's teacher. This information will help us update your child's health record.

Thank you for your assistance in this matter.

Sincerely,

Principal

Attachment

c: Student's File