

SCHOOL VISION REFERRAL

Dear Physician: _____ Date: _____

As you know, school children are screened yearly for visual problems as required by Massachusetts General Law. The Spencer-East Brookfield School District has implemented the Enhanced School Vision Guidelines developed by the DPH and released in September 2005, which includes far vision (Preschool – Grade 12), near vision (Grades 1 – 12) and stereopsis (Preschool – Grade 3).

The child indicated below did not pass the following component(s) of the vision screening:

Screening performed	Tool used for Screening	Screening Result	Other (glasses/contacts)
Linear Distance Visual Acuity	Machine – Tumbling E's Critical line 20/30		
Linear Near Visual Acuity	Machine – Tumbling E's Critical line 20/30		
Stereopsis/Ocular Alignment	Random Dot E with polarized glasses		

Parents of those children failing the screening are asked to take their child to a vision specialist for evaluation. If the child is already under a doctor's care, we need updated information for the child's school health records.

In order that we may provide any educational adjustments you recommend, please complete the form below and have the parent return the form to the school health office.

Sincerely,
Sheree Jolicoeur, RN, BSN, MS, CHES
SEBSD Nurse Leader

Child's name: _____ Date of Exam _____
School: _____ Grade: _____
Brief summary of significant findings: _____
Diagnosis: _____ **Treatment:** _____
Prognosis: _____ **Recommended return visit:** _____

I advise the following education adjustments for the child:

- None at present
- Preferential seating in classroom Front ___ Rear ___
- Glasses for full-time use in school
- Glasses for part-time use in school: Specify _____
- Other Recommendations _____

Signature: _____ Phys/Practice Name _____
 Address: _____ Telephone: _____