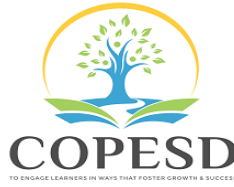


**CHEBOYGAN • OTSEGO • PRESQUE ISLE
EDUCATIONAL SERVICE DISTRICT**

6065 Learning Lane
(231) 238-9394



Indian River, MI 49749
(231) 238-8551 (fax)

VISION SCREENING PERMISSION FORM

Date: _____

Your child has been referred to have his/her vision screened by a COP ESD staff member. This screening is NOT a comprehensive vision evaluation. The screening may include some or all of the following: Visual Attention, Tracking, Acuity (near, mid-range, and/or distance), Visual Fields, Contrast Sensitivity, Color Vision, and/or Visual Perception Skills. Please indicate permission for the screening by checking the appropriate box and signing the bottom of this form. If you have questions, please feel free to contact me at 231-238-9394 ext. 1235.

Sincerely,

Julie a. Haase, M.A.
Teacher Consultant for Visually Impaired

Yes, I give permission for my child to have his/her vision screened.

No, I do NOT give permission for my child to have his/her vision screened.

Parent's/Guardian's **PRINTED** Name

Parent's/Guardian's Signature

Date Signed

Rev 12-2022

Jamie Huber, Superintendent
BOARD OF EDUCATION

Dennis A. Budnick, President • Randall E. Powers, Vice-President • Cindy Pushman, Secretary • Amy Brewbaker, Treasurer
Kaelie Fessler, Trustee • Mitchell Hintz, Trustee • Wendy Huston, Trustee