

Dear Parent/Guardian:

Each year vision screening is conducted on all students who are new to the school as mandated by the Commonwealth of Virginia. The results of the screening conducted on your child _____ are as follows:

_____	Date of screening	_____	Date of screening
_____	Right eye	_____	Right eye
_____	Left eye	_____	Left eye
_____	Both eyes	_____	Both eyes

Ideal results for children this age are 20/20 or 20/30. As this test was conducted for the purpose of screening not diagnosis, it is recommended that you have your child's vision tested by an eye doctor such as an optometrist or ophthalmologist.

If you have any questions regarding the screening procedure please contact me at the school. Thank you for your cooperation.

Sincerely,

School Nurse