



Central Association for the Blind and Visually Impaired

507 Kent Street, Utica, NY 13501, (315)797-2233, www.cabvi.org

Central Association for the Blind and Visually Impaired Vision Screenings

Dear Parent/Guardian:

The Central Association for the Blind and Visually Impaired (CABVI) is offering a free vision screening. The process covers visual acuity, muscle imbalance, and color deficiency. Again there is no charge to you.

Approximately one in twenty children has an undetected vision problem. Vision development usually matures around the age of eight. Therefore it is important to identify these visual discrepancies in a timely manner. How well a child learns may depend on how well he or she sees.

If your child passed the vision screening successfully, the Parent/Guardian will NOT be notified. If a visual discrepancy is detected, you will receive notification requesting a follow up evaluation with an eye care professional. We recommend that any referral be acted upon promptly.

This screening is only to identify possible concerns. It is not a complete eye examination. CABVI recommends that every child have a complete eye examination before entering kindergarten.

If you have any questions, please do not hesitate to contact CABVI at 315-797-2233.

Respectfully,
Paula Flisnik, Director of Community Relations
Jennifer Nobles, Vision Screener

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PERMISSION FOR VISION SCREENING - Please print all information.

Date: _____

Child's Name: _____ Age: _____ Sex: M ___ F ___

Birthday: ___/___/___

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Business phone: _____

Has your child ever been under the care of an eye specialist? Yes _____ No _____

Is your child currently under the care of an eye specialist? Yes _____ No _____

Does your child wear glasses? Yes _____ No _____

(If your child wears glasses, please make sure he or she is wearing them on the screening date.)

Parent's Signature: _____