

**Chandler Unified School District  
1525 West Frye Road  
Chandler, AZ 85224**

**Hearing and Vision Screening Opt-Out Form**

I do not wish to have my student participate in the district's hearing and vision screening program.

Please choose if this is temporary or permanent. If temporary, you must specify an end date.

\*\*\*Please note if your student is currently on an IEP, or going through IEP process, according to ADHS R9-13-102 & R-2-401 you may not opt out of screenings at this time.

☐ Permanent

☐ Temporary Until \_\_\_\_\_  
Date

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Printed Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Returned signed and dated form to the district Audiologist at [biltimier.lisa@cusd80.com](mailto:biltimier.lisa@cusd80.com)