 **Vision and Hearing Program Data Collection Form Eyes 2 Ears Vision and Hearing**

Dear Parents,

Illinois Statute (410 ILCS 205/) Child Vision and Hearing Test Act, requires that “vision and hearing screening services shall be administered to all children as early as possible, but no later than their first year in any public or private education program, licensed day care center or residential facility for handicapped children; and periodically thereafter, to identify those children with vision or hearing impairments or both so that such conditions can be managed or treated. These screenings are not optional as they are mandated. “ The Illinois Administrative Code (Title 77, Ch. I, Sub Ch. J, Part ( 675 & 685) determined that:

* Vision screening services shall be provided annually for: All preschool children 3 years of age (or older) in any public or private educational program or licensed child-care facility.All school age children who are in kindergarten, second and eighth grades; in all special education classes; referred by teachers; and transfer students.
* Hearing screening services shall be provided annually for: All preschool children three years of age or older in any public or private educational program or licensed child care facility. Hearing screening services shall be provided annually for all school age children who are in grades K (kindergarten), 1, 2, and 3; are in any special education class; have been referred by a teacher; or are transfer students.Vision and Hearing Screening services are being done at your school to meet this requirement for your child. ---------------------------------------------------------------------------------------------------------------------------------------------------------------- We do not accept Medicaid

**❒ I have enclosed payment for the services. Please provide cash, money order, or a check payable to your child’s school. Vision Screening- $ 8.50 Hearing Screening- $ 8.50**

❒ I have proof of an eye examination by an M.D. specializing in diseases of the eye or a licensed optometrist **and/or** proof an Audiological evaluation completed by an audiologist that has been administered within the previous 12 months. Please provide proof before the screening to the school or your child will need to be screened on that day

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

. **Please fill the child’s information in completely for all children**  ❒Male ❒Female Child’s First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parents Name Address City Zip Telephone \* Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*\*\*\* "Vision screening is not a substitute for a complete eye and vision evaluation by an eye doctor. This is not optional Your child is not required to undergo this vision screening if an Optometrist or Ophthalmologist has completed and signed a report form indicating that an eye examination has been administered within the previous 12 months."* (Section 27-8.1 of the School Code) If an Audiological exam has been done only by an audiologist and you have proof on file at school, then your child will not need to be screened.**