

Dear Parent or Guardian:

Southern California Sensory Screening will be at our school on **October 16 - 18** to conduct our annual elementary educational health screening program. The State of California requires periodic testing for children in all public schools. Although we are not a public school, we also recognize the importance of regularly-scheduled health screening and recommend it to our families. Here are the tests being offered.

- **Vision screening** covers distance acuity, near vision, muscle balance and color blindness, and is recommended for all children, especially those whose parents or siblings have corrected vision. Many students in elementary grades experience rapid vision changes as they mature.
- **Hearing screening** is recommended for all children, especially those with a history of frequent ear infections or any child who has had pressure equalization tubes placed in their eardrums. Minor illnesses, like a cold or the flu, can lead to middle ear infections and a hearing loss, which may not be accompanied by any immediate symptoms or complaints from your child.
- **Speech/language screening** is not performed by doctors during routine health checks nor are our classroom teachers trained in this area. If your child is between TK and 2nd grade and has not had his or her speech tested, it is highly recommended that your child participate in this screening to determine his or her age-appropriate speech and language development.
- **Body Mass Index (BMI)** assessment is used to determine if your child is at their optimum weight or may be under/over weight. This is important for school-age children, since conditions like juvenile diabetes, adult heart disease and joint problems can be influenced by disproportionate weight gain during childhood.

You will receive a complete written report on your child’s performance after the screening is done. If your child needs further evaluation, you will have the findings in writing to take with you to your doctor. Please call the School Office if you have any questions.

Complete & return to School Office. Please use one form and one payment per child.

HEALTH SCREENING PARENT PERMISSION FORM

_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Child’s Name	M	F	Birth date	Age
_____	Grace Christian Elementary		_____	
Parent/Guardian	School		Teacher/Grade	
_____	_____		_____	
Address	City		Zip code	
_____	_____			
Email address	Phone (home/mobile)			

Please perform the test(s) for my child that I have checked below. I have attached cash or my check made payable to SCSS. ***I understand that I will be charged \$25.00 if my bank returns my check.***

- Vision Hearing Speech BMI

Any 1 test = \$20.00 Any 2 tests = \$25.00 Any 3 tests = \$30.00 All 4 tests = \$40.00

Notes about your child’s health and development _____

What is your child’s primary language at home? _____

Does Mom/Dad wear glasses/contacts or has either had corrective eye surgery? _____