Notification of Hearing and Vision Screening

Dear Parents and Guardians,

Vision and hearing is vital to your student’s academic success in school. Pursuant to A.R.S. Section 36-899.01 and A.A.C. R9-13-104, state law and administrative regulations require schools to administer hearing and vision screenings to the following groups of students each school year:

- All students enrolled in Preschool, Kindergarten, 1st, 3rd, 5th, 7th, and 9th grades
- All students who are newly enrolled to Dysart Unified School District
- All students with special education services as required by A.R.S. 15-7-4 and A.A.C. R7-2-401

Pursuant to A.R.S. Section 36-899.04 and A.A.C. R9-13-102, students will be excluded from hearing screenings for the following reasons:

- The student is deaf or hard of hearing and/or wears a listening device (will be referred to an audiologist)
- The parent completes and submits the Objection to Screening Form

If your student has documentation of medical vision and/or hearing testing within the last 12 months, we request that you provide a copy of the results to your school’s health office. If you would like to exclude your student from screening, please fill out the Objection to Screening Form at the bottom of this notification and return to your school.

Respectfully,
Jacqueline Hoeffler, RN, BSN
Lead Nurse

Parental Objection to Screening Form

To: School Health Services Assistant/Principal

I do not wish for my child to have the following screenings in the 2021-2022 school year. I understand that I may change my mind at any time and will do so in writing.

My Child’s Name: __________________________________________________________

Exclude from: ☐ Vision       ☐ Hearing

__________________________
Parent/Guardian Printed Name

__________________________  ___________
Parent/Guardian Signature   Date