

VISION SCREENING

Prevent Blindness of Oklahoma will be conducting a visual screening. This is only a vision screening, not a complete vision examination. Please complete the information below to allow your child to be screened.

Child's Name _____ **Age** _____

Grade _____

Address _____

Parent's Name _____

My signature gives my consent for my child to be screened.

Date _____

Parent's Signature

SPEECH SCREENING

Our speech-language pathologist, Carol Davis will be conducting a speech screening at the beginning of the new school year for all PK and KG students and for any new student entering our school system for the first time. Please sign below to allow your child to be screened.

Child's Name _____

Grade _____

Parent's Signature _____

** If any speech problems are found, you will be notified about the services available to you.
