

Little Falls Township Public Schools

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VISION REFERRAL

Date _____

Dear Parent/Guardian of _____:

As part of the school health program, each student's vision is screened annually. The most recent screening results for your child indicate the need for a complete eye examination by a specialist of your choice.

Right Eye 20/ _____

Left Eye 20/ _____

School Nurse

SPECIAL NOTE: Little Falls Schools are now participating in the **Sight for Students** program. This program operates nationally through several community partners. As a member of the National Association of School Nurses, Mrs. Steinman has been named the contact person for Little Falls. Free eye care and eye ware are available to children who qualify through the Vision Service Plan (VSP). If your child meets the eligibility guidelines, then you will be given a benefit form and a listing of VSP doctors in your area. You can make an appointment with any doctor on the list.

How to qualify:

Family income is no more than

200% of federal poverty level (chart available upon request)

Child is not enrolled in Medicaid or other vision insurance

Child or parent is US citizen or legal immigrant with a social security number

Child has not used the Sight for Students program during the last 12 months

Please ask your eye care specialist to complete the bottom portion of this form and return it to the School Nurse

Eye Examiner's Report to the School

Eye Examiner's Name _____ Date _____

Diagnosis _____ Glasses not needed _____

New lens Rx'd _____

Glasses to be worn at all times _____ Glasses to be worn intermittently _____

Student's Name _____ Homeroom _____

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