MEMBERS OF THE BOARD
JACKIE GOLDBERG, PRESIDENT
KELLY GONEZ
DR. GEORGE J. MCKENNA III
NICK MELVOIN
TANYA ORTIZ FRANKLIN
DR. ROCÍO RIVAS
SCOTT M. SCHMERELSON

LOS ANGELES UNIFIED SCHOOL DISTRICT
ADMINISTRATIVE OFFICES
333 South Beaudry Avenue, 24th Floor
Los Angeles, California 90017
Telephone: (213) 241-7000 | Fax: (213) 241-8442

ALBERTO M. CARVALHO
Superintendent

Dear Parent/Legal Guardian/Educational Rights Holder (Parent) of a LAUSD student,

Your child's school may have the opportunity to host a free on-site **EYE EXAMINATION** by a licensed healthcare professional. The purpose of this screening event is to identify your child's vision needs, connect to care, and eliminate health barriers to learning. Note: Screening events are supplemental to, and do not replace, any legal requirements for vision health required by EC Section 49455. If your child is screened and found to have an urgent problem, your child will be sent home with a letter. If you receive a letter, it is important that you take your child to an eyecare provider for an evaluation.

Participating in a school vision screening has many benefits:

- ✓ You do not need to take time off from work.
- ✓ No missed workdays for you or missed school days for your child(ren).
- ✓ **FREE** eye examination by a licensed professional.
- ✓ **FREE** prescription eyeglasses, if needed

VISION

For more information about the free on-site eye exams, please scan this QR code:
or visit: http://achieve.lausd.net/visionscreening.

If you *want* your child to receive a free eye examination, NO FURTHER ACTION IS NEEDED. Your child's name, date of birth, grade, school name, and your name, phone number, and address will automatically be shared with the health professional(s) conducting the screening.

If you *DO NOT* want your child to receive a free eye examination, please complete the bottom portion of this letter and return it to your child's school ***no later than* Friday, September 13, 2024**. Forms received *after* this deadline may result in services being rendered.

*Only complete and sign the Form directly below this line if you **do not** want your child to receive an eye examination.*

Student's Name: ____ DOB: _______________

☐ I **DO NOT** wish to have my child participate in the school's free on-site vision screening.

___________________________________ ____________

**Parent Signature* *Date*

*****For students experiencing homelessness**, under California law, families **must opt in** to share information. If you would like your child to participate, you can authorize LAUSD to share information with the licensed healthcare professional by completing the info below and sending a copy of this form to your child's school **no later than Friday, September 13, 2024.***

____

**Print Parent Name*

___________________________________ ____________

**Parent Signature* *Date*

___________________________________ ___________________________________

**Print Student Name* and birthdate (mo./day/year) *Name of School*

For Office Use Only: MiSiS Instructions: MiSiS -> Miscellaneous tab -> Health Screening -> External Partners -> External Partner Vision Screening -> select -> Opt Out (drop down menu)