



TO: Parent/Guardian of Early Childhood Student  
FROM: School Nurse  
RE: Early Childhood Vision and Audio Screening

Vision and hearing screenings are provided to all students in a Blue Valley Early Childhood program to identify issues that may interfere with learning. The Blue Valley School District uses the following instruments to measure hearing and vision of early childhood students.

**Hearing Screening:**

For most students, the hearing screening is completed using a traditional audiometer to insure that hearing is normal. With some students, however, the screening may also include a nurse or audiologist who will perform a visual examination of the ear with an otoscope, (a flashlight used to look into the ear), tympanometry (check condition of the middle ear), and/or otoacoustic emissions (or OAEs), a non-invasive screening test that is most often used in newborns or those unable to perform conventional hearing screenings. Following the screening, parents will receive a letter with the results.

**Vision Screening:**

For most students we typically use traditional vision and depth perception charts. For very young students who may have difficulty with these charts, we may use the Spot Vision Screener instrument that can identify a variety of common vision issues. Parents will be notified regarding the results of this evaluation along with a printed detailed report if any concerns are identified.

Please contact the school nurse either by phone or e-mail if you have any questions about the process and/or equipment used in hearing and vision screenings. If you do not have any additional questions, please complete and return the permission slip below.

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*Please complete and return this portion to School Nurse*

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

- I give permission for my child to receive the vision and hearing screenings using the otoscope, audiometer, tympanometer, otoacoustic emission, and Spot Vision Screener.
- I **do not** give permission for my child to receive the vision and hearing screenings using the otoscope, audiometer, tympanometer, otoacoustic emission, and Spot Vision Screener.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_