



Dear Jeffco Family,

Every year Jeffco Public Schools students participate in school-wide hearing and vision screenings. Students in kindergarten, 1st, 2nd, 3rd, 5th, 7th, and 9th grades, along with preschool, special needs students, or students that demonstrate concerns with either their hearing or vision, participate in this screening. These screenings are important identifiers in determining a vision or hearing deficit that could possibly impact a students ability to learn. Refer to the Colorado Statute for details:

“Colorado Statute 22-1-116: Sight and Hearing tests. The sight and hearing of all children in the kindergarten, first, second, third, fifth, seventh, and ninth grades, or children in comparable age groups referred for testing, shall be tested during the school year by the teacher, principal, or other qualified person authorized by the school district. Each school in the district shall make a Colorado Revised Statutes 2016 6 Uncertified Printout record of all sight and hearing tests given during the school year and record the individual results of each test on each child's records. The parents or guardian shall be informed when a deficiency is found. The provisions of this section shall not apply to any child whose parent or guardian objects on religious or personal grounds.”

Families may opt-out of vision and/or hearing screenings for their student(s). Please complete the form below to opt out of current and future hearing and/or vision screenings for your student. This will remain in effect for the entirety of attendance at a Jeffco School, or if a family has notified the school in writing they would like to **opt in** their student for current or future screenings.

PLEASE RETURN THIS SECTION TO SCHOOL BY _____

I would like to **opt out** of having my students hearing screening completed during the current and future school years:

YES ___ **NO** ___

I would like to **opt out** of having my students vision screening completed during the current, and future school years:

YES ___ **NO** ___

I understand that I will need to notify the school in writing if I would like my student to have future screenings completed at school.

Student Name

Parent/Guardian Signature/Date