Toronto District School Board

October 6, 2016

Dear Parents/Guardians;

I am pleased to inform you that the Toronto Foundation for Student Success (TFSS), a registered charitable foundation of TDSB is offering a vision and hearing screening at the school. The vision screening includes tests for visual acuity, colour blindness, depth perception and strabismus (eye turning in/out). The vision screenings are conducted by trained International Medical Graduates (IMG) and the hearing screenings are performed by a certified Communicative Disorder Assistant. A nominal fee is charged to cover the services administrative costs.

If a problem is detected at the screening, a note will be sent home to direct you to health care professionals for further evaluation, proper care and follow through.

The vision and hearing screening services are optional. If you are interested in having your child screened, please complete and sign the registration form attached herewith and return to school the soonest possible time. Please note that for a clinic to run at the school, a minimum of 25 students registered is required. Pending the required number of registered students, our vision and hearing screening is scheduled on Wednesday, November 2, 2016.

For your additional information, for children 19 years and below, OHIP covers the cost of the eye examination by the Optometrist once a year.

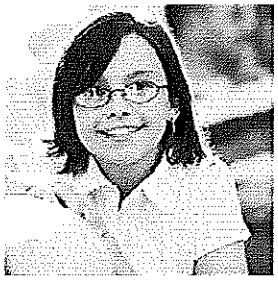
Sincerely,

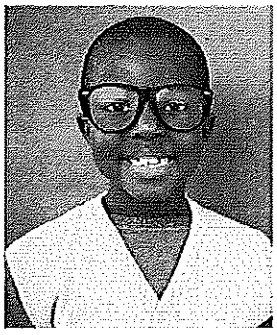
Dan Taylor,
Principal

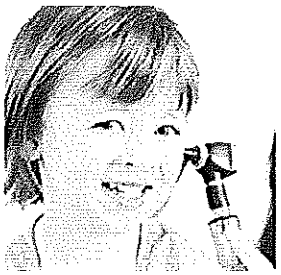
Toronto Foundation for Student Success

Vision and hearing screening clinics available at your school!

Sight and Sound Program







Vision and hearing screening services are being offered to children within your school community. These are optional services, offered in school-based clinics operated by the Toronto Foundation for Student Success (TFSS), the independent, registered charitable organization dedicated to supporting Toronto District School Board's children and helping remove barriers to their education. A nominal registration fee is collected to cover administrative costs to support the program.

Vision and hearing checks are conducted by international medical graduates and by a certified communicative disorder assistant. Based on the outcome of these screening services, referral information will be provided to families whose children require further assessment.

If you wish your child to participate in these optional services, please complete this form and return it to the school office with the payment attached. A minimum of 25 students are required to attend in order for a clinic to run. You will be notified of the schedule once the clinic has been confirmed.

Thank you.

PLEASE PRINT CLEARLY

Student's First Name _____ Last Name _____

Birthday DD/MM/YY Grade/Class _____ Teacher _____

Students in Kindergartden - one clinic completes both vision and hearing services:

I would like to have my child's ☐ *Vision* ☐ *Hearing* ☐ *Both checked. Enclosed is* ***$10.00.***

Students in Grades 1 through 12 - parents can choose one or both services:

☐ *I would* ***only*** *like to have my child's* ***vision*** *checked. Enclosed is* ***$10.00.***

☐ *I would* ***only*** *like to have my child's* ***hearing*** *checked. Enclosed is* ***$10.00.***

☐ *I would like to have* ***both*** *my child's* ***vision AND hearing*** *checked. Enclosed is* ***$15.00.***

Payment may be either by cash or cheque, payable to Toronto Foundation for Student Success.

Please note: For children 19 years of age and under, OHIP covers the cost of an eye examination with an optometrist once a year.

Parent/Guardian Name: _____

Signature: _____ Date: DD/MM/YY

fss.ca

Toronto District School Board

Toronto Foundation for Student Success

Sight and Sound Program

For Office Use Only

Vision Clinic Results

Does patient use prescription glasses? ☐ Yes ☐ No

Distance vision test:

Right Eye (cover left eye) _____

Left Eye (cover right eye) _____

Near vision test:

Right Eye (cover left eye) _____

Left Eye (cover right eye) _____

Stereo Fly: ☐ Yes ☐ No

Stereo Acuity: _____ seconds of arc

Four dot test: Dots seen? _____ Colour seen? ☐ Yes ☐ No

Does patient wear their glasses? ☐ Yes ☐ No

Distance vision test with prescription glasses:

Right Eye (cover left eye) _____

Left Eye (cover right eye) _____

Near vision test with prescription glasses:

Right Eye (cover left eye) _____

Left Eye (cover right eye) _____

Ishihara Colour Test:

Right Eye _____ /7 Left Eye _____/7

Vision colour deficiency? ☐ Yes ☐ No

Recommendations:

☐ Vision is within normal range ☐ Vision is within normal range with glasses ☐ Referral to optometrist ☐ Unable to assess

Comments:

Name of Screener _____ Date: DD/MM/YY

Hearing Clinic Results

Ambient Noise Check: ☐ Yes ☐ No (biological test at 10 db)

Visual Otoscopy:

Right ☐ Pass ☐ Refer ☐ Could not test

Left ☐ Pass ☐ Refer ☐ Could not test

Tympanometry Screen:

Right ☐ Pass ☐ Refer daPa _____ ECV _____ ☐ Could not test

Left ☐ Pass ☐ Refer daPa _____ ECV _____ ☐ Could not test

Pure Tone Screen (20db):

	Pass	Refer	1000Hz	2000Hz	4000Hz	Could not test
Right						
Left						

OAE Screen:

Right ☐ Pass ☐ Refer ☐ Could not test Left ☐ Pass ☐ Refer ☐ Could not test

Recommendations:

☐ Hearing is within normal range ☐ Referral to physician

Comments:

Name of Screener _____ Date: DD/MM/YY