



BETTIS PREPARATORY

LEADERSHIP ACADEMY

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69 Nicholson Road, Trenton, SC 29847

September 22, 2022

Dear Parent/s,

The Midland Valley Lions Club Volunteers will be conducting vision and hearing screenings for our students in Kindergarten-8th grades on October 11th, 2022 beginning at 8:30 am. This is a free service provided by the Lions/Lioness Club in your community.

The Vision tests screen how well your child can see with each eye, how well he or she can see at a distance, and how well both eyes work together (depth perception). The instruments used make no physical contact with your child and do not require eye drops. They can detect the presence of vision problems which could place your child at risk for developing amblyopia (“lazy eye”), as well as vision problems that can delay reading and learning.

A yearly eye exam is covered by OHIP for children under 18; it is highly recommended that visits to an optometrist become part of your child’s health routine. If you have any further concerns regarding your child’s vision, consult an eye care professional or your family health care contact. Again, the purpose of this screening is to identify children at risk of potentially having vision loss that is preventable and to notify parents of the need for a complete eye examination for those children who do not pass the screening.

For the vision screening the Welch Allyn Spot is used which takes a picture of your child’s eyes to check for common vision problems. The hearing screenings are done with headphones using an audiometer or with an OAE (Otoacoustic Emissions) where a small probe is placed in your child’s outer ear.

These screenings tell us if your child’s vision is in the normal range or if there are possible problems and whether further follow-up is needed by an eye doctor or his/her pediatrician. The screening results will be left at your child’s school the same day of the screening to be disseminated to you.

Thank you for your support.

Sincerely,

Velma Alicia Williams, Ed.D.
Assistant Principal
Federal Programs Coordinator

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I give permission for my child _____ Grade _____ to have a vision/hearing screening
 I do not give permission for my child to be screened.

Parent Signature _____ Date _____