



****IF YOU DO NOT WANT THIS FREE SERVICE FOR YOUR STUDENT, SIGN AND RETURN THIS FORM****

Dear Parent(s) or Guardian(s):

In the coming month, Hawaii Department of Education (HIDOE), in coordination with nonprofit providers Project Vision Hawaii (PVH) and Vision To Learn (VTL), will offer vision screenings, eye exams, and, if necessary, glasses for your child. **These services will be provided in school at no cost to you.**

Quality vision care is an important component of education; students that cannot see often struggle to learn to read, to see the board, and to succeed academically.

During the course of this program, your child will be provided a free vision screening (using an eye chart and photoscreener) at school, coordinated by PVH staff. If your child does not pass the screening, a trained and licensed VTL optometrist will then perform a basic vision exam on your child, and will prescribe glasses if appropriate. VTL's vision exam is designed to prescribe glasses to children who need them; it is not a replacement for a comprehensive eye exam. The exam is noninvasive; no eye drops will be administered, and the child's eye will not be touched. You will be informed if your child may need follow-up care.

Following the vision exam, if your child needs glasses he/she will have the opportunity to pick from a variety of frames, and glasses will be ordered for your child. Subsequently, VTL will return to your child's school to distribute the glasses they selected, customized with their prescription and fitted by a trained optician. The vision exam and eyeglasses are available to all students who need them, with no out-of-pocket cost to parents or children.

If you have VTL program questions (exams, eyeglasses), please contact Andrew Aguirre at (760)500-2578.

If you have PVH program questions (screenings), please contact Dianne Bowen-Coleman at (808)291-0166.

If you **DO NOT** want your child to receive free vision services, please complete the information below and return this form to your child's school by **Friday, March 5, 2021**

I **do not** want my child _____ to participate in the free vision services. *Student's Name (please print)*

Child's School

Grade

Parent Name (please print)

Parent Signature

Date