



## Annual Screening

Every school year your child may receive vision and hearing screening to help identify any possible concern. If you like for your child to **NOT** be screened for hearing and/or vision, please complete the form below and return it to your child's school.

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I, (print name) \_\_\_\_\_, am the parent/guardian of the below named student. Per Arizona State Rules and Regulations regarding mandatory school hearing/vision screenings, am requesting that my student named below NOT be screened for:

Hearing

Vision

For the specified school year, please indicate school year \_\_\_\_\_

Unless I specifically request a screening.

“An administrator shall exclude from a school’s hearing/vision screening population a student for whom the administrator has documentation, from a student’s parent objecting to the student receiving a Hearing/vision screening, specified in A.R.S. 36-899.04

Student’s last name \_\_\_\_\_ Student’s first name \_\_\_\_\_

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