LETTER OF REFERRAL
FOR A PROFESSIONAL VISION EXAMINATION

VISION REFERRAL FORM

For: _____

Dear Parent(s)/Guardian(s):

After reviewing your child's vision screening results/observational comments, there is an indication that your child may have a vision problem. We urge you to take him/her to an appropriately licensed professional for further evaluation.

When your child is examined, please ask that the following information be completed and returned to the school. Your prompt response will benefit your child.

Sincerely,

School Name: _____

Address: _____

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RESPONSE TO VISION REFERRAL

This child has been referred to you for further evaluation and/or treatment. Attached are the vision screening results and/or observational comments which indicate the child may have a vision problem that could affect his/her educational advancement. Please complete the following:

Date Examined: _____

Results:	**Specify:**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Recommendation: _____

_____

_____

Comments: _____

Signature:_____ Title: _____

RETURN THIS COMPLETED FORM TO THE CHILD'S SCHOOL.

(M-46) Revised 8/2014