



SHAKER HEIGHTS CITY SCHOOL DISTRICT

15600 Parkland Drive
Shaker Heights, OH 44120
(216) 295-4000
www.shaker.org

COMPREHENSIVE EYE EXAMINATION PARENT LETTER

Date _____

Child's Name _____

Dear Parents,

The Ohio Revised Code Section 3323.19 requires that every student who is identified with a disability for the first time and begins receiving services under an IEP must undergo a comprehensive eye exam performed either by a licensed optometrist or ophthalmologist. This exam needs to take place within three months of the effective date of your child's first IEP. **Please note that the law specifies that the parent, not the school district, has full financial responsibility for this examination.**

If you have already taken your child for an eye exam within the nine months before the initial eligibility determination, you have already satisfied this requirement.

For your convenience, we have attached a form for you to complete and return to school once your child's eye examination has been completed so that we may keep an accurate record. Again, if you have already had your child examined within the 9 month grace period, your only obligation is to return the attached form to let us know.

Please understand that there is no "consequence" for not completing the eye exam. **The special education services that your child is entitled to under your child's IEP will NOT be withheld, delayed, or denied pending completion of the eye examination.**

If you have any questions about this, please call your child's school and ask to speak with the **nurse**.

Sincerely,

Cc: student file
Attachment