



Health Office

Hearing/Vision Screening Opt-out Form

School Year: _____

Scholar Name: _____

Birth Date: _____

I do not wish for my child to have the following screenings through Leman Academy of Excellence for this school year.

Please check all that apply:

- HEARING SCREENING**
- VISION SCREENING**

I understand that scholars who are enrolled, or applying for enrollment, within the Exceptional Scholar Services program are required to have an evaluation for hearing and vision each year *[Arizona Administrative Code (A.A.C.) R9-13-102]*.

In this situation, a qualified healthcare provider is able to perform this assessment, as well as a local school district health office. A copy of their evaluation will be provided to Leman Academy.

I understand that I may change my mind at any time, and will do so in writing.

Parent or Guardian Signature: _____

Printed Name: _____

Date: _____

The regulations that implement the Individuals with Disabilities Education Act (IDEA) require that students are "assessed in all areas related to the suspected disability, including if appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status, and motor abilities." [34 C.F.R. §300.304(c)(4)]

The regulations that implement the IDEA do not require annual vision/hearing screenings for students with disabilities, and there is no Arizona State Board of Education rule governing special education that requires annual vision/hearing screenings for students with disabilities. However, the Arizona Department of Health Services requires annual vision/hearing screenings for students who receive special education. [Arizona Administrative Code (A.A.C.) R9-13-102].