



**1301 Bailey Street  
Waycross, GA 31501**

Dear Parent:

Your child, \_\_\_\_\_,  
was screened by the Ware County School System nurses on \_\_\_\_\_  
for vision and hearing. Your child's results were as follows:

| <b>Vision:</b>               | <b>Passed</b>             | <b>Failed</b>  |
|------------------------------|---------------------------|----------------|
| Results:                     | Right eye _____           | Left eye _____ |
| <i>Screened With Glasses</i> | <i>or Without glasses</i> |                |

| <b>Hearing:</b> | <b>Passed</b>   | <b>Failed</b>  |
|-----------------|-----------------|----------------|
| Results:        | Right ear _____ | Left ear _____ |

Your child needs further evaluation for \_\_\_\_\_.  
Please contact the health care professional of your choice for further  
assessment and recommendations.

Thank you for your cooperation.

Sincerely,

Response to Intervention Coordinator