

SCHOOL  
**Happy Harbour ECP**

SCREENING DATE:  
**Tue, Dec 5 & Fri, Dec 8, 2017**

Vision & Hearing Screening  
by Pine Woods Screening Services, LLC  
"Providing quality screening services for children since 1988"

In cooperation with your school, Pine Woods Screening Services, LLC (using state-certified screeners) will conduct vision & hearing screening following guidelines mandated by the Department of State Health Services; Vision and Hearing.

**Who must be screened; as required by Texas State Law:**

- All children who were 4 years old as of Sept. 1, 2017
- All kindergartners, first, third, fifth & seventh graders (Montessori-ages five, six, eight, ten & twelve)
- All first time entrants from another Texas school who are not in the above categories unless he/she can bring written documentation from the other school
- All first time entrants (4 years through 12th grade) from an out-of-state school

Most three year olds can be screened. However, IF YOUR CHILD IS SCREENED EARLY, HE/SHE WILL NEED TO BE SCREENED AGAIN NEXT YEAR. If your child is a full-time student at a public school and comes to this center for after-school care, screening and documentation of results is the responsibility of the public school.

YES \_\_\_\_\_ I would like my child screened for vision.....\$9.50  
(includes three muscle balance screenings at no additional cost, for appropriate ages)

YES \_\_\_\_\_ I would like my child screened for hearing (using puretone audiometer).....\$9.50

NO \_\_\_\_\_ I have attached, or have already supplied to the school office, written documentation of the required screening (s) for the school's reports to the state.  
(please, circle-vision and/or hearing)

Note: Go-back prices increase per screening      Total Amount Attached:      \$ \_\_\_\_\_

If screening is indicated, **attach correct amount of money** to form and turn in to school/daycare office.

Make checks or money orders for each child payable to: **Pine Woods Screening Services, LLC**  
(Please include phone # and TDL # on check)

**CHECK ACCEPTANCE POLICY:** Any returned checks will be automatically debited from your bank account by Global Check Recovery for the amount of the check plus a returned check fee equal to, but not to exceed the maximum returned check fee permitted by applicable state law. These fees are in addition to any fees your bank may charge.

**Your payment by check is your agreement to these terms.**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Please, write any information below that you feel would help the screeners in screening your child; such as, ear or eye infections, headaches, eyestrain. Does your child wear glasses/contacts? \_\_\_\_\_ Results will be left at the school or mailed to the school after the screening. If you have any questions, please call 281-844-5091.

*The screenings are non-diagnostic and not intended to be an equal alternative to an in-depth examination by a licensed physician or specialist. If you have concerns about your child, do not hesitate to take him/her to your personal physician or specialist for evaluation. Of course, any child who fails the screening will need a follow-up visit with their doctor or specialist. vh-pl1*  
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