

**IEP EYE EXAM**

Loudonville-Perryville Schools

CHILD'S NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**IEP EYE EXAM**

HB 95 requires that within three months after a student identified with disabilities begins receiving services under an individualized education program, the child is required to undergo comprehensive eye examination (unless the student has had an exam in the last nine months). Parents need to be aware of this requirement, schedule an appointment with an optometrist or ophthalmologist, make sure the eye doctor sends a copy of the exam form to the school; and check with the school administrator to ensure that the eye exam is in their child's file.

Please visit the link [IEPEYEEXAM.ORG](http://IEPEYEEXAM.ORG) for more information regarding locating a doctor in your area and covering costs if necessary.

I have been given information regarding House Bill 95 via the link [IEPEYEEXAM.ORG](http://IEPEYEEXAM.ORG) requiring a comprehensive eye exam for students who have been identified with a disability and are receiving services under an individualized education program.

\_\_\_\_\_ date

\_\_\_\_\_ Parent/Guardian

**PARENT RESPONSE**

Parent(s)/Guardian(s), please respond and return this form to your student's teacher citing date of comprehensive eye exam with an optometrist or ophthalmologist.

\_\_\_\_\_ Name of Student

\_\_\_\_\_ Date of Exam

\_\_\_\_\_ Parent/Guardian Signature