

Gobles Public School

Michael Banyas

Elementary Principal

P.O. Box 412 409 N. State St.

Gobles, MI 49055

Phone 269-628-9440 Fax 269-628-9391



Dear Parents/Guardians of Incoming Kindergarten Students:

It is our privilege to give you the Gobles Elementary School kindergarten Round-Up information packet. We look forward to meeting you and your child at our kindergarten Round-Up on Friday, April 17, 2020. We hope that the attached information will help answer questions you may have regarding Round-Up and the kindergarten program at Gobles Elementary School.

Kindergarten Round-Up is a chance for the kindergarten teachers to get to know your child. We do not expect your child to recite the A,B,C's, count to 100 or be responsible for other academic material. We look for good listening skills, the ability to follow directions, and the ability to cope with the school environment physically, socially and emotionally as well as academically and intellectually without undue stress. Round-Up is also a chance for parents/guardians to learn about our all-day kindergarten program. Although you may have attended round up previously and received the information, we encourage you to bring your child so they can experience Round-Up. This includes current GSRP and head start students.

Although the State of Michigan has established that children who are five years old on or before September 1 are eligible to enroll in school, not every child is ready to begin the 13-year process. Starting children when they are fully ready to begin the journey is one way you help to ensure learning success.

It is very important that Round-Up is a positive experience for you and your child. When you arrive, your child will go to a kindergarten classroom to participate in a variety of activities with other children and teachers. While your child is in a classroom, parents/guardians will attend an informational meeting about our kindergarten at Gobles. Please do not bring other children with you to Round-Up.

Round-Up Sessions for Friday, April 17, 2020 (sessions last about 90 minutes)
Please arrive 10-15 minutes before your session time. Bring your completed paperwork, birth certificate and immunization records with you or send back early to bypass the office on Round-Up day.

Students born in the months of:

- Session 1 8:30 a.m. (August, September, October, November)
- Session 2 11:00 a.m. (April, May, June, July)
- Session 3 1:15 p.m. (December, January, February, March)

Sincerely,

Mrs. Stambek, Mrs. Tregloan, and Mrs. Stoneburner

KINDERGARTEN ROUND-UP (REGISTRATION) INFORMATION

So you have a incoming kindergartner! We wish to express a warm welcome to you and to your child and look forward to meeting you at Round-Up. We are happy to be of service to you during this important and yet exciting time of growth.

Information to Help You Register Your Child

1. **ENTRANCE REQUIREMENTS:** A potential kindergartener must be five years of age on or before September 1st of the school year he or she will enter kindergarten. According to Michigan Law, if a child residing in Gobles Public School is not five years of age on September 1, 2020 but will be five years of age not later than December 1, 2020, the parent or legal guardian of that child may enroll the child in kindergarten for the 2020-2021 school year if the parent or legal guardian notifies the school district in writing no later than June 1, 2020, that he or she intends to enroll the child in kindergarten. If a child becomes a resident of the Gobles Public School after June 1, the child's parent or legal guardian may enroll the child in kindergarten for that school year if the parent or legal guardian submits this written notification no later than August 1, 2020 under this subsection.

2. INFORMATION WE NEED:

A. Child's Birth Certificate: We must see your child's birth certificate. This is required by state law. We **MUST** have this record in our files **BEFORE** your child can be officially enrolled.

B. Immunization Records: We are required by state law to have a record of each child in our school showing that the children are immunized against whooping cough, diptheria, tetnus, polio, measles, mumps, rubella, hepatitis B and varicilla..

MINIMUM REQUIREMENTS TO ATTEND SCHOOL

DPT/TD	5 doses including a booster
POLIO	4 doses including a oral polio booster after age 3
MMR	2 doses
HEP B	3 doses
Varicella(Chicken Pox)	2 doses (or date your child had Chicken Pox)

Immunization Waiver Information

In December, 2014, the Joint Committee on Administrative Rules approved a new educational requirement for Michigan parents opting their children out of getting vaccinated before entering school. The new rule allows parents/guardians to have the opportunity to speak with a health educator from their local health department about their concerns and questions regarding immunizations prior to the nonmedical waiver being signed.

Any parent/guardian who wants to claim a nonmedical waiver will need to receive education regarding the benefits of vaccination and the risks of disease from a county health department before obtaining the certified nonmedical waiver form through the Local Health Department. The new rule requires the use of the State of Michigan nonmedical waiver form dated January 1, 2015.

C. Registration Form: Please complete the enclosed registration forms and bring the forms to Kindergarten Round-Up. Please print when you fill out the form. It is very important that you fill out the registration form COMPLETELY. Under emergency number, please list someone we can reach if we cannot contact you, preferably someone in our school district. WE MUST HAVE THIS INFORMATION ON FILE BEFORE YOUR CHILD STARTS SCHOOL.

D. Listing your Child's Illnesses: Please be prepared to give the dates of any illness your child has had. We also request you make us aware of any serious accidents or other unique characteristics that would be valuable for us to know. Be sure to let us know if your child is on any medication.

E. If the student is living with someone other than the natural parents, the legal guardian must present legal paperwork with proof of guardianship.

F. Custody paperwork if needed.

G. Copy of the last I.E.P.C. is necessary for any enrolling student receiving special services.

We look forward to meeting you and your child on Friday, April 17. If you have any questions, please feel free to call the elementary school at 628-9440.



Reminder to bring your child's birth certificate and immunization records

The Elementary Parents' Club will give parents/guardians the opportunity to purchase a Gobles Tigers T-shirt for their kindergartner. The cost of the T-shirt is \$5.00. Shirts will be available at round-up.

Student's LEGAL Name _____
Last First Middle

Nick Name/Preferred Name _____

Grade _____ Gender _____ Birthdate _____ Birthplace _____

Ethnic Origin: Use 1, 2, 3 to rank primary and secondary groups:

____ Am. Indian/Alaskan ____ Asian American ____ Black/not Hispanic
____ Native Hawaiian/Pacific Islander ____ White/not Hispanic ____ Hispanic

School Transferring From _____

Does your child receive Special Education Services? ____ Yes ____ No 504 ? ____ Yes ____ No

Has your student been suspended or expelled from his/her previous school? ____ Yes ____ No

Health Information

Are there any special medical problems the school should be aware of such as diabetes, epilepsy, bee-sting, allergies, medications taken regularly, etc. ? ____ Yes ____ No

If yes please explain

Custodial/Legal Concerns: (a copy of court documents must be on file if there are custodial concerns)

Alternate Household - Parent /Guardian Living Elsewhere

Name _____

Name _____

Relationship _____

Relationship _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Work Phone _____

Work Phone _____

E-Mail _____

E-Mail _____

GOBLES

PUBLIC SCHOOLS

Dear Parents,

The United States Department of Education, Office of Civil Rights, has requested that each school district collect information regarding the language background of their students. The information requested below will be used to determine the number of children who should be provided bilingual instruction under Title VI of the Civil Rights Act of 1964. Therefore, please answer each of the questions regarding the language background of your child.

Child's Name _____

Child's Grade _____ Age _____ Building _____

What language did your child learn when he/she first began to talk? _____

What language does your child mostly use at home? _____

What language do you mostly use when speaking to your child? _____

What language is most often spoken by adults at home? _____

Signature of Parent or Guardian

Date

Queridos Padres,

El Departamento de Educación de los Estados Unidos, Oficina de Derechos Civiles ha pedido qué cada escuela publica cuestionario tocante el idioma de cada estudiante. La información se usará para determinar el numero de niños que tengan que proveer instrucción bilingue según la ley del Titula VI del Acta de Derechos Civiles de 1964. Asi es que por favor contesté cada pregunta refiriendo al idioma que su hijo/hija habla.

Nombre del hijo/a _____

Grado _____ Edad _____ Escuela _____

Qué lenguaje aprendio su hijo/a cuando el/ella empezo a hablar por premera vez?

Qué lenguaje habla más su hijo/a en la casa? _____

Qué lenguaje usa Ud. más en hablar con su hijo/a? _____

Qué lenguaje se habla más por los adultos en la casa? _____

Firma de uno de los padres o guardian

Fecha

Gobles Public Schools

To: All parents/guardians
From: Sarah Maxwell Homeless Student Liaison

Date: December 2017
Re: Residency questionnaire

Gobles Public Schools follows the rules and regulations of the McKinney-Vento Homeless Assistance Act ensuring educational rights and protections for children and youth experiencing homelessness or displacement. At Gobles Public Schools, students who are displaced or homeless have access to the same programs as students who are housed.

The term "homeless children and youth" means individuals who lack a fixed, regular, and adequate nighttime residence; and includes

- Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals, or are awaiting foster care placement;
- Children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings...
- Children and youths who are living in cars, parks, public spaces abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- Migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

According to federal regulations, it's necessary that all public schools keep accurate information regarding a student's living arrangements. To update our files, please complete the form below and have it returned to school. The information collected below will be for school use only. No information will be sent to outside organizations. Thank you in advance for your assistance.

➤ Name of student(s), including last name:

Where is the student currently living? Please check one:

_____ with parent(s)/guardian(s), not considered homeless/displaced

_____ with friends or family members (other than parent/guardian)

_____ with more than one family in a house or apartment

_____ in a motel, car, or campsite

_____ in a shelter

_____ none of the choices above apply

Gobles Public School
Terry Breen
Elementary Principal
409 N. State St. P.O. Box 412
Gobles, MI 49665
Ph. 269-628-9440 Fax 269-628-9397



Dear Families of Gobles Elementary:

Gobles Elementary will be incorporating a animal assisted intervention team~ Big Furry Friends. Students may be in contact with a certified therapy dog throughout the school.

Animal assisted intervention team provides many benefits. They will help children learn compassion, empathy, responsibility, respect, and self-discipline. The dogs offer comfort and non-judgemental love with studies, including the Paws for Reading program and new this year, a Math program. A short time with a dog can decrease levels of anxiety and increase emotional support.

The animal assisted intervention team is under the supervision of Kim Marsh, Gobles Elementary Secretary. Linus is a Red-fox male Labrador. He has received his S.T.A.R (Socialization, Training, Activity, Responsibility) Certificate, his Good Canine Citizenship certificate, a certificate in K9 Nosework, Rally work, and Agility. Kim continues to work on obedience training toward his AAI Certificate. Peppermint Patty-a.k.a Patty, is a Black female Labrador. She has also received her S.T.A.R Certificate, Rally work, Good Canine Citizenship and Advance Good Canine Citizenship Certificate. Patty has graduated from Tip top Tails Dog academy and is currently working on more obedient training toward her AAI Certificate. Copies of all records of classes, immunization records, and a list of medications that the dogs are on, are in a file in the Main office. Please ask Mr. Breen if you would like to see the dogs file.

We all are look forward to meeting with your student in the near future as we become an Animal Assisted Intervention Team here at Gobles. If you have any questions regarding the Therapy dogs, please feel free to call me, 628-9440.

Sincerely,

Kim Marsh

** Please see the back

Please check, sign and return to school

___ **Yes**, I give permission for my child (PRINT child's full name) to participate in Animal assisted activities and for photographs to be used on social media. (Twitter, Gobles Webpage, Gobles Facebook page

___ **Yes**, for permission. However **NO** to photographs to be used on social media (Twitter, Gobles Webpage, Gobles Facebook page)

___ **No**, I do not give permission to participate and no, to photographs of my child to potentially be used in: Twitter, Gobles Webpage, Gobles Facebook page

Child's Name _____

Parent's signature

(Enter School District, PSA, or Nonpublic School Name)

Consent for Disclosure of Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the students name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

I authorize Gobles Public School to release my child's immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

Student's Name: _____ Date of Birth: / /

Signature of Parent/Guardian
or Eligible Student: _____ Date: / /

Printed Parent/Guardian Name: _____

UNDERSTANDING CONCUSSION

Some Common Symptoms

Headache	Balance Problems	Sensitive to Noise	Poor Concentration	Not "Feeling Right"
Pressure in the Head	Double Vision	Sluggishness	Memory Problems	Feeling Irritable
Nausea/Vomiting	Blurry Vision	Haziness	Confusion	Slow Reaction Time
Dizziness	Sensitive to Light	Fogginess	"Feeling Down"	Sleep Problems
		Grogginess		

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

IF YOU SUSPECT A CONCUSSION:

- SEEK MEDICAL ATTENTION RIGHT AWAY** – A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don't hide it, report it. Ignoring symptoms and trying to "tough it out" often makes it worse.
- KEEP YOUR STUDENT OUT OF PLAY** – Concussions take time to heal. Don't let the student return to play the day of injury and until a health care professional says it's okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
- TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION** – Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can't recall events prior to or after a hit or fall
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people/places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember. Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

To learn more, go to www.cdc.gov/concussion.

Parents and Students Must Sign and Return the Educational Material Acknowledgement Form

CONCUSSION AWARENESS

EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by Gables Public Schools
Sponsoring Organization

Participant Name Printed

Parent or Guardian Name Printed

Participant Name Signature

Parent or Guardian Name Signature

Date

Date

Return this signed form to the sponsoring organization that must keep on file for the duration of participation or age 18.

Participants and parents please review and keep the educational materials available for future reference.

Student Network and Internet Acceptable Use and Safety Agreement

To access the school network, e-mail and/or the Internet at school, students under the age of eighteen (18) must obtain parent permission and must sign and return this form. Students eighteen (18) and over may sign their own forms.

Use of the Internet is a privilege, not a right. The Board's Internet connection is provided for educational purposes only. Unauthorized and inappropriate use will result in a cancellation of this privilege.

The Board has implemented technology protection measures which block/filter Internet access to visual displays that are obscene, child pornography or harmful to minors. The Board also monitors online activity of students in an effort to restrict access to child pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors. Nevertheless, parents/guardians are advised that determined users may be able to gain access to information, communication and/or services on the Internet which the Board of Education has not authorized for educational purposes and/or which they and/or their parents/guardians may find inappropriate, offensive, objectionable or controversial. Parents/Guardians assume this risk by consenting to allow their students to participate in the use of the Internet. Student's accessing the Internet through the school's computers assume personal responsibility and liability, both civil and criminal, for unauthorized or inappropriate use of the Internet.

The Board has the right to monitor, review and inspect any directories, files and/or messages residing on or sent using the Board's computers/networks. Messages relating to or in support of illegal activities will be reported to the appropriate authorities.

Parent/Guardian

As the parent/guardian of this student, I have read the Student Network and Internet Acceptable Use and Safety policy and guidelines, and have discussed them with my child.

I understand that this access is designed for educational purposes and the Board has taken precautions to eliminate controversial materials. However, I also recognize it is impossible for the Board to restrict access to all controversial materials, and I will not hold the Board (or any of its employees, administrators or officers) responsible for materials my child may acquire or come in contact with while on the Internet. Additionally, I accept responsibility for communicating to my child guidance concerning his/her acceptable use of the Internet - i.e., setting and conveying standards for my child to follow when selecting, sharing and exploring information and resources on the Internet.

I hereby give my permission for my child to use and access to the Internet, school network and related technologies.

Parent/Guardian (please print): _____

Signature _____ Date _____

Student

I have read and agree to abide by the Student Network and Internet Acceptable Use and Safety Policy and Guidelines. I understand that any violation of the terms and conditions set forth in the Policy and Guidelines is inappropriate and may constitute a criminal offense. As a user of the Board's computers/network and the Internet, I agree to communicate over the Internet and the Network in an appropriate manner, honoring all relevant laws, restrictions and guidelines.

Student User's Name (please print): _____

Student User's Signature _____ Date _____

**Gobles Public School
Publication Release and Consent Form**

This form gives consent to Gobles Public Schools to publish image(s), information, or the work of individual students to school and district websites and/or other district publications or media. This form is specific to individual students and school activities taking place as part of daily school activities. Any student who participates in an extracurricular program, or event, sponsored by the school, gives consent to the school to publish images or information pertaining to that program or event.

I _____ (print name of parent or guardian) grant Gobles Public Schools, their representatives and those acting with the school's authority and permission, the right and permission to copyright, in the school's name or otherwise, and use, reuse, publish, re-publish, photographs, artwork or other imagery, multi-media materials, coursework, and/or video of _____ (print name of student) or in which the student may be included, in whole or in part, for illustration, promotion, art, or any purpose whatsoever consistent with the mission of Gobles Public Schools.

I waive any right that I may have to inspect or approve the finished product or products and the text copy of other matter which may be used in conjunction therewith, or the use to which it may be applied consistent with the mission of Gobles Public Schools.

I hereby agree to release, discharge, and agree to save harmless the school, their legal representatives, and all persons acting under their permission or authority, from any liability that may occur or be produced in the production or publication of said images and/or information.

I understand that the photo, video, other image, or work of my student can be published and republished on the school websites, or in district publications that are distributed to persons inside and outside of the school building and district.

I understand that this participation is completely voluntary. I understand that the use of any photographs will not benefit me or my child in any way, but will be used to promote and support the mission of Gobles Public Schools through media and publications produced by the district.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

Any questions about this release should be directed to the Gobles Public Schools Office of Superintendent, at (269) 628-5618.

GOBLES PUBLIC SCHOOLS

409 North State Street
P.O. Box 412
Gobles, MI 49055
Phone (269) 628-9340
Fax (269) 628-9391

Dear Parents/Guardians:

Gobles Public Schools offers individual and group social work services to its students. Sarah Maxwell is starting her 3rd year working as a General Education School Social Worker. She works with students on skills including but not limited to: concerns about self-esteem, coping skills, stress management skills, peer interactions, anger management, divorce/separation/loss, and social skills. Students may be referred to the school social worker by parents, teachers, staff, the principal, or self. Groups will be no more than one time a week and be 20-30 minutes in length. The groups are scheduled during times where your student would miss the least amount of core academic material.

Please understanding, this service should not serve in place of therapy services needed outside the school setting. This is for coping and regulation purposes only, allowing a student access to services with the hopes of a higher level of academic and emotional success in school.

All content within sessions is kept confidential with the exception of threats to hurt his/her self or someone else or if the student reports any form abuse. As a mandated reporter, I am required to report disclosures of abuse to the Department of Children and Family Services (DCFS).

Please sign and return if you **DO NOT** give consent for Sarah Maxwell to work with your student on an individual or group basis for the 2019-2020 school year. If I do not receive this back, it will serve as permission for your student to be with me. You will be notified by Sarah Maxwell if your student is selected to be in a group.

Sincerely,

Sarah Maxwell, LLMSW
School Social Worker
sarah.maxwell@gobles.org
269-628-9438

Please signed and return if you **DO NOT** give consent for your student to receive social work services as needed.

Signature: _____ Date: _____

Please fill out the top part for hearing and vision screening.

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

County: Van Buren Screening Location: _____ MEDICAID: Y N Number: _____

KINDERGARTEN ENTRY/PRESCHOOL HEARING AND VISION SCREENING RECORD

CHILD'S NAME _____ Male Female DOB _____ AGE _____
Name Used _____ School Attending _____

PARENT/GUARDIAN'S NAME _____ Telephone _____ H/W/C _____
Address _____ City _____ Zip _____

PLEASE COMPLETE THIS BRIEF HISTORY

HEARING

1. Has your child been seen by a doctor for any ear problems? Y N
Date of Exam _____ Doctor _____

2. Is your child on any cold or allergy medications? Y N

3. As a parent, do you have any concerns regarding your child's hearing? Y N

VISION

1. Has your child ever been examined by an eye doctor? Y N
Date of Exam _____ Doctor _____

2. Has your child ever confused colors? Y N

3. When your child is ill or tired, do the eyes appear crossed or does one eye wander when looking at an object? Y N

DO NOT WRITE BELOW THIS LINE

HEARING SCREENING

Screening	Pass	Fail
Threshold	Pass	Fail
Audiogram		

RESULTS

Pass
 Refer
 Under Care
 Retest

VISION SCREENING

1. Visual Acuity/2-Line Difference

	20/40	
Both eyes	0 1 2 3 4 5 6	20/25
Right eye	0 1 2 3 4 5 6	0 1 2 3 4 5 6
Left eye	0 1 2 3 4 5 6	0 1 2 3 4 5 6

RESULTS

Pass
 Refer
 2-Line
 20/50
 Symptom
 Fail; no refer
 Under Care
 Permanent difficulty
 Retest

2. Stereo Butterfly Pass Fail

3. Eye History Pass Fail

5. Symptom(s): _____ Pass Fail

ATTENTION PARENT(S): Your child was given the health department hearing and vision screening tests:

Hearing

Passed
 Failed (an examination by your local health department)

Vision

Passed
 Failed (an eye examination by an ophthalmologist or your doctor is required or optometrist is required)

Please present this certificate when enrolling your child in school for the first time (Michigan Public Health Code; Act 368 or 1978). Retain this statement with other health records of your child.

Child's Name _____	Date of Screening _____	Qualified Hearing/Vision Technician _____	Health Dept. _____
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