



North Central Ohio ESC, Tiffin Campus
 928 W. Market St., Suite A
 Tiffin, OH 44883
 Phone: 419-447-2927
 Fax: 419-447-2825

North Central Ohio ESC, Marion Campus
 333 E.Center Street
 Marion, OH 43302
 Phone: 740-387-6625
 Fax: 740-383-4804

EYE EXAM Parent Notice

EYE EXAMS REQUIRED FOR STUDENTS REFERRED TO SPECIAL EDUCATION

As of July 1, 2004, all students referred to Special Education programs must receive a comprehensive eye exam from an eye doctor. The legislation was authored by Senator Randy Gardner (R-Bowling Green) as part of Amended Senate Bill 95. The legislation stipulated that cost would not be an issue for those students who need an eye exam.

Parents are requested to schedule an appointment with an eye doctor within 90 days of being notified by a school nurse of a student's need for an eye exam. The doctor can download the eye exam directly from the www.iepeyexam.org website.

Questions

Who will pay for the eye exam?

Most children already have some form of insurance that covers eye exams. In cases, where there is no coverage, call the Ohio Optometric Association at 1-800-874-9111.

What happens if the eye exam is not done within the recommended frame? Will the child still be able to go to school?

Yes, the child can still attend school. There appears to be no enforcement method included in the law at this time.

What is the parent responsibility?

The parent should schedule an appointment with an eye doctor of their choice within 90 days unless they have had an eye exam within the previous nine months.

What is the school responsibility?

Inform parents of the requirement and collect the completed report from the eye doctor.

What is the doctor responsibility?

Send a copy of the completed report to the school and to the Ohio Optometric Association.

 Parent Acknowledgement of Notification:

I acknowledge that the North Central Ohio Educational Service Center (representing your local school district) has notified me of the requirements of an eye exam for students referred to Special Education.

Printed Name _____ Signature _____

Printed Name _____ Signature _____

Date _____