



PREVENT BLINDNESS OKLAHOMA™

6 N.E. 63rd Street, Suite 150 • Oklahoma City, OK 73105-1400 • 405/848-7123 • Fax 405/848-6935

www.preventblindnessok.org

Dear _____:

This letter is to confirm the following vision screenings for the children at _____ by Prevent Blindness Oklahoma:

Children to be Screened:

Start Time:

Note:

Please have the children's names listed by class **in alphabetical order** on the copies of the enclosed Vision Screening Recording Form. Also, please **indicate the appropriate grade level**.

The enclosed symbol chart should be used to teach the children, first grade and under, to play the Symbol Game. Please distribute these to the appropriate teachers. Teachers should play the game with the children several times a day for several days prior to the screening. Children must be comfortable with the game in order to participate in the screening.

As a part of your commitment to this vision screening service, we ask that you provide our employee with two volunteers to assist her during the screening process. In addition, Prevent Blindness Oklahoma will provide volunteers from the Masonic Lodge members in your community, when possible.

The \$25.00 administrative fee or a purchase order is due on or before the day of the screening. If the fee or purchase order is not received by the day of the screening, there will be a \$15.00 late fee assessed. Payment is due on purchase orders within 8 weeks of the screening.

Please note that the \$25.00 administrative fee does not apply to Head Starts.

Visit our website for additional resources and any lost or misplaced paperwork at www.preventblindnessok.org

Sincerely,

Anita Schlaht
Director of Programs