

ST. CLAIRSVILLE-RICHLAND CITY SCHOOL DISTRICT

108 Woodrow Avenue, St. Clairsville, Ohio 43950 Phone: (740) 695-1624 Fax: (740) 695-1627

SUPERINTENDENT'S OFFICE

Walter Skaggs, Superintendent
Diane Thompson, Assistant Superintendent
Tammy Weisal, EMIS Coordinator
Jim Yates, Network Administrator
Sharon Harrison, Administrative Assistant



TREASURER'S OFFICE

Amy Porter, Treasurer/CFO
Betty Milhoan, Assistant to the Treasurer
Valerie Lachendro, Assistant to the Treasurer
Treasurer's Office Fax: 740-695-5805

NOTICE OF REQUIRED COMPREHENSIVE EYE EXAM

Dear Parent/Guardian:

Effective retroactively to July 2012, the State of Ohio as stipulated in Senate Bill 316, now requires a mandatory comprehensive eye exam for all newly identified students receiving special education services, including speech. This exam may have been completed nine months prior to implementation of the IEP, or within three months after implementation. In addition, school districts are required to provide this information and report on parent compliance. However, no student will be denied any services based upon parent(s) non-compliance. Neither the State of Ohio or any school district is required to pay for the eye exam.

Parents may refuse to comply with this requirement. However, this information must be reported to the school district. Such information may be provided in a phone call or a simple note. If lack of resources or other extenuating circumstances prevent compliance this should be included in the note as well as simple "parental refusal."

St. Clairsville-Richland City School District respectfully requests that you CHECK AND RETURN this form indicating that you have received this information. In addition, please check if you intend to comply or if special circumstances exist that will not permit you to comply at this time. If you do intend to comply, we request a note or phone call when the exam has been completed.

We regret any inconvenience that this requirement may impose. Thank you for your assistance with this matter. If you have any questions, please contact Diane Thompson at 740-695-1624 ext. 219.

Thank you.

Please check:

1. I _____ have received and understand the contents of this letter.
(name of parent/guardian)
2. I intend to comply and will provide follow-up when the exam is completed.
3. Special circumstances prevent compliance with this requirement.