

Student Equity and Opportunity
Success in schools, success in life
Whole Child Supports
Department of Nursing and Student Health Services
2018-2019

Dear Parent or Guardian,

Denver Public Schools is implementing a Universal Screening for all students in identified grades (Early Childhood Education, Kindergarten, 1st, 2nd, 3rd, 5th, 7th, and 9th grades). This is part of the Whole Child, Healthy Child 2020 agenda for Denver Public Schools to help all students succeed.

The health portion of Universal Screening is NOT an assessment or an evaluation. Universal screening is considered best practice to identify students who may need extra supports and to get them the resources they need so they can become better learners. The purpose of the health portion of the Universal Screening is:

- To quickly identify students who may be at risk for health concerns affecting the students ability to reach academic benchmarks

Your student will receive screening in the following areas:

Vision, Hearing, Oral health and Body Mass Index

The health screening components will be completed at your child's school on:

Dates: 1/9 - 1/11 re screen 1/14 + 1/15

*Parents/guardians of students who were absent or who did not have optimal hearing, vision or dental screening will be notified **in writing** regarding the results.*

If you decide you do not want your child to participate or receive any of the Universal Screening components, please indicate below and return this form to your child's school. If you do NOT respond, it is assumed you are choosing to have your child participate in all aspects of the Universal Screening.

Please contact your school nurse for any concerns or questions about the health screenings.

Thank you for your assistance as we work together to educate and support your student!

Sincerely,

School Nurse

Direct phone number 720-424-7281

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Child's Name: _____

I do NOT want my child participating in the Universal Screening and thereby OPT-OUT of the following screenings:

- ☐ Vision
- ☐ Hearing
- ☐ Oral health (dental screen)
- ☐ Body mass Index (Weight and Height)

Please return this form to: _____ by _____
(Date)