

**Chandler Unified School District
1525 West Frye Road
Chandler, AZ 85224**

Hearing and Vision Screening Opt-Out Form

I do not wish to have my student participate in the district's hearing and vision screening program.

Please choose if this is temporary or permanent. If temporary, you must specify an end date.

***Please note if your student is currently on an IEP, or going through IEP process, according to ADHS R9-13-102 & R-2-401 you may not opt out of screenings at this time.

Permanent

Temporary Until _____
Date

Student Name: _____ DOB: _____

School: _____ Grade: _____

Parent Printed Name: _____

Parent Signature: _____ Date: _____

Returned signed and dated form to the district Audiologist at biltimier.lisa@cusd80.com