

To all Parents/Carers with children in Reception Class

School Health Team
London Borough of Newham
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Dear Parents and Carers,

December 2023

RE: Vision and Hearing Screening Programme 2023-24

Now that your child has started school in Newham, we would like to introduce you to the school health service, the service consists of school nurses, child health practitioners, child health screeners. Please visit www.newham.gov.uk for more information about our services.

We aim to work closely with you, your child and their school to help ensure that your children live healthy lives, have appropriate access to healthcare and to minimize health related concerns affecting their ability to achieve their full potential.

During the reception year, a member of the Children's 0-19 Health Service will check their vision, hearing and measure their height and weight. Details about these activities can be found in the enclosed leaflet.

You will be informed of your child's results and if they need to see a high street opticians or require a referral to a vision and/or hearing specialist. Referrals to specialist services will be made automatically unless you tell us otherwise. With your permission, we will inform your child's school if your child has any hearing or vision problems as these may affect their ability to learn. If there are any concerns with your child's growth, including their weight, we will contact you directly.

We also ask that you complete a school entry health assessment (SEHA) questionnaire that can be found online at www.newham.gov.uk/SEHA alternatively, a paper copy can be obtained from your child's class teacher. If you complete a paper version, please return it in an envelope to your child's class teacher who will make sure it is given back to us. You may have already completed this when your child was offered their reception place, there is no need to repeat.

Please let your child's school know if your child has any medical conditions (e.g. asthma, allergies, eczema etc.) if you haven't already done so. If required, a school nurse will contact you to discuss further and determine if your child needs an individual health care plan.

If you **do not** wish for your child's hearing or vision to be screened, please complete and return the slip at the end of the page for the attention of the School Health Team.

Yours faithfully,
School Health Service

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Opting out of the hearing and vision screening – please tick as appropriate

I DO NOT give consent for my child's hearing and vision to be assessed

I DO NOT give consent to share the hearing and vision results with my child's teacher

I DO NOT give consent for referrals to made to hearing and vision specialists if required

Child's name: _____ Date of Birth: _____ Year: R Class: _____

Child's school: _____

Parent /Carer signature _____