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File ID Number	14-1823
Introduction Date	8-27-14
Enactment Number	14-1606
Enactment Date	8-27-14



OAKLAND UNIFIED
SCHOOL DISTRICT

Community Schools, Thriving Students

Memo

To The Board of Education

From Antwan Wilson, Superintendent
By: Maria Santos, Deputy Superintendent, Instruction, Leadership & Equity-in-Action
Vernon Hal, Deputy Superintendent, Business & Operations

Board Meeting Date
(To be completed by Procurement) 8-27-14

Subject Memorandum of Understanding - Vision To Learn (contractor) - 968/Health Services (site/department)

Action Requested Approval of Memorandum of Understanding between Oakland Unified School District and Vision To Learn. Services to be primarily provided to 968/ Health Services for the period of September 2, 2014 through June 30, 2015.

Background
A one paragraph explanation of why the consultant's services are needed. The Vision To Learn operates a school-based mobile vision clinic program referred to as the "Mobile Clinic". They will work in conjunction with Health Services Department to provide vision services to elementary school students who have been identified as having potential uncorrected vision difficulties. Vision To Learn will perform basic vision examinations. They will also provide prescription eyeglasses, fitting of glasses, and referrals to the school nurse for additional care when indicated.

Discussion
One paragraph summary of the scope of work. Approval by the Board of Education of a Memorandum of Understanding between District and Vision To Learn, Los Angeles, CA, for the latter to provide a school-based mobile vision clinic program for elementary school students with potential uncorrected vision difficulties for the period of September 2, 2014 through June 30, 2015, at no cost to the District.

Recommendation Approval of Memorandum of Understanding between Oakland Unified School District and Vision To Learn. Services to be primarily provided to 968/Health Services for the period of September 2, 2014 through June 30, 2015.

Fiscal Impact Funding Source: No Fiscal Impact

Attachments

- Memorandum of Understanding
- Certificate of Insurance
- Scope of Work
- Statement of qualifications

**MEMORANDUM OF UNDERSTANDING
BETWEEN
VISION TO LEARN AND OAKLAND UNIFIED SCHOOL DISTRICT**

This agreement ("Agreement") is entered into by and among Vision To Learn, hereinafter referred to as "Agency", and Oakland Unified School District, hereinafter referred to as "District".

WITNESSETH

WHEREAS, Agency operates a school-based mobile vision clinic program, hereinafter referred to as "Mobile Clinic";

WHEREAS, the District desires that Agency operate the Mobile Clinic on District property as set forth herein below;

NOW, THEREFORE, the parties hereto enter into this Agreement as a full statement of their respective responsibilities during the term of this Agreement, and in consideration of the representations made above and the covenants and conditions set forth herein, the parties agree as follows:

I. General Information:

1. The delivery of services by Agency will be on the premises of selected elementary school sites, on days and at times as mutually agreed upon by both parties.

II. Obligations of Agency:

1. Be solely responsible for staffing and providing services under this Agreement. Agency certifies that staff and/or trainees providing the services are adequately trained and prepared according to prevailing professional standards for providing such services.
2. Provide adequate supervision of the professional staff and/or trainees.
3. Certify that Agency staff will follow legal guidelines on reporting child abuse.
4. Certify that all personnel in contact with children shall provide evidence of freedom from tuberculosis upon request of the District and that personnel meet District criminal conviction standards.
5. Be responsible for the cost, care and maintenance of the Mobile Clinic.
6. Be responsible for the services described herein with parent/guardian written approval. Services shall include:
 - a. Basic vision examination for Referred Students'
 - b. Prescription and fitting of glasses
 - c. Provision of glasses from Provider's available selection. Glasses will be delivered on a separate date approximately two weeks after exam.
 - d. As feasible and appropriate, referrals to the school nurse additional care where indicated.
7. Should services by Agency include any form of medical services, including diagnostic services, treatment or counseling, Agency shall obtain written parent consent prior to providing service(s) to a minor.

III. Obligations of the District:

1. Provide the Mobile Clinic medical team with any necessary utilities, including electrical hookups, as required for the Mobile Clinic.

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<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By

2. Health Services Unit shall:

- a. Facilitate the education of OUSD faculty, staff and parents about the vision mobile clinic and how to make referrals to the vision mobile clinic
- b. Collaborate with the vision mobile clinic.
- c. Assist in developing a plan to identify students with vision difficulties who would benefit from the vision mobile clinic services
- d. Refer students that have been previously screened and failed the vision screening to the vision mobile clinic.
- e. Obtain written parent/guardian consent for referred students on a consent form provided by Agency.
- f. Assist in the scheduling of clinic dates with school site principals and assist in scheduling students and parents for clinic visits.
- g. Communicate with the vision mobile clinic team regarding the vision status of students seen in the vision mobile clinic as allowed by HIPPA and FIRPA.

IV. Billing:

Services will be provided at no cost to the District or to the students served.

V. Insurance:

Agency and District are self-insured entities for purposes of Professional Liability, General Liability, Automobile Liability and Workers' Compensation and warrant that through their respective programs of self-insurance, they have adequate coverage or resources to protect against liabilities arising out of the performance of the terms, conditions or obligations of this agreement.

VI. Indemnification:

Agency agrees to indemnify, defend (with counsel approved by DISTRICT) and hold harmless the DISTRICT its School Board, State Trustee, officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability resulting from the Agency's negligent acts or omissions which arise from the Agency's performance of its obligations under this Agreement.

DISTRICT agrees to indemnify, defend (with counsel approved by Agency) and hold harmless Agency and its officers, employees, agents and volunteers from any and all claims, actions, losses, damages and/or liability which arise from DISTRICT's negligent acts or omissions arising out of its obligations under this Agreement.

In the event Agency and/or the DISTRICT is found to be comparatively at fault for any claim, action, loss or damage which results from their respective obligations under the Agreement, the Agency and/or DISTRICT shall indemnify the other to the extent of its comparative fault.

VII. Status of Parties:

- 1. The parties hereby expressly understand and agree that this Agreement is not intended and shall not be construed to create a relationship of agent, servant, employee, partnership, joint venture, or association between District and Agency but is rather an Agreement by and between independent contractors.
- 2. The parties hereby expressly understand and agree that their employees, agents, and independent contractors are not the employees or agents of the other party for any purpose, including, but not limited to, compensation for

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<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
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services, employee welfare and pension benefits, other fringe benefits of employment, or workers' compensation insurance.

VIII. Assignment:

Neither party hereto shall assign its rights or obligations pursuant to this Agreement without the express written consent of the other party.

IX. Modification:

No modification, amendment, supplement to or waiver of any provision of this Agreement shall be binding upon the parties unless made in writing and duly signed by all parties.

X. Rules of Construction:

The language in all parts of this Agreement shall in all cases be construed as a whole, according to its fair meaning, and not strictly for or against either the Agency or the District. Section headings in this Agreement are for convenience only and are not to be construed as a part of this Agreement or in any way limiting or amplifying the provisions hereof. All pronouns and any variations thereof shall be deemed to refer to the masculine, feminine, neuter, singular or plural, as the identifications of the person or persons, firm or firms, corporation or corporations may require.

XI. Governing Law:

This Agreement is made and entered into in the State of California, and shall in all respects be interpreted, enforced and governed by and under the laws of the State of California.

XII. Counterparts:

This Agreement may be executed in counterparts, and all such counterparts together shall constitute the entire Agreement of the parties hereto.

XIII. Severability:

The provisions of this Agreement are specifically made severable. If any clause, provision, right and/or remedy provided herein is unenforceable or inoperative, the remainder of this Agreement shall be enforced as if such clause, provision, right and/or remedy were not contained herein.

XIV. Alternative Dispute Resolution:

In the event the District determines that service is unsatisfactory, or in the event of any other dispute, claim, question or disagreement arising from or relating to this Agreement or breach thereof, the parties hereto shall use their best efforts to settle the dispute, claim, question or disagreement. To this effect, they shall consult and negotiate with each other in good faith and, recognizing their mutual interests, attempt to reach a just and equitable solution satisfactory to both parties.

Notwithstanding the above, nothing herein shall preclude either party from pursuing its legal remedies at law in the event a mutually satisfactory solution is not reached.

XV. Term and Termination:

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1. This agreement shall be effective commencing on the execution of this agreement by both parties and terminating June 30, 2015 at which time the agreement shall automatically renew for successive one year terms thereafter. However, this agreement may be terminated, with or without cause, by either party after giving the other party sixty (60) days advance written notice of its intention to terminate.
2. Any written notice given under this Section XV shall be sent, postage prepaid, by certified mail, return receipt requested, to the following person(s), as the case may be:

Vision To Learn

11611 San Vicente Blvd., Suite 500
 Los Angeles, CA 90049
 Attention: Gaye Williams, Executive Director

Oakland Unified School District

Health Services
 746 Grand Ave
 Oakland, CA 94610
 Attention: Barbara Parker, Coordinator, Health Services/ Section 504

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<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By

XVI. Health Insurance Portability and Accountability Act (HIPAA)

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), regulations have been promulgated governing the privacy and security of individually identifiable health information (IIHI) otherwise defined as Protected Health Information (PHI) or electronic Protected Health Information (ePHI). The HIPAA Privacy and Security Regulations specify requirements with respect to contracts between an entity covered under the HIPAA Privacy and Security Regulations and its Business Associates. A Business Associate is defined as a party that performs certain services on behalf of, or provides certain services for, a Covered Entity and, in conjunction therewith, gains access to IIHI, or PHI or ePHI. Therefore, in accordance with the HIPAA Privacy and Security Regulations, District shall comply with the terms and conditions as set forth in the attached Business Associate Agreement, hereby incorporated by this reference as Appendix I.

XVII. Entire Agreement:

This Agreement contains the final, complete and exclusive Agreement between the parties hereto. Any prior Agreement promises, negotiations or representations relating to the subject matter of this Agreement not expressly set forth herein are of no force or effect. This Agreement is executed without reliance upon any promise, warranty or representation by any party or any representative of any party other than those expressly contained herein. Each party has carefully read this Agreement and signs the same of its own free will.

XVIII. Authorization:

The undersigned individuals represent that they are fully authorized to execute this Agreement on behalf of the named parties.

IN WITNESS whereof, this Agreement has been executed by the parties hereto as of the day and year first written above.

Vision To Learn

▶ Haye Williams
Executive Director

Dated: 6/24/2014

The Oakland Unified School District

By: [Signature]
(Authorized signature - sign in blue ink)

Name: Antwan Wilson

Title: Superintendent

Dated: _____

Address: 1000 Broadway, 6th floor
Oakland, CA 94607

OAKLAND UNIFIED SCHOOL DISTRICT
Office of Legal Counsel
APPROVED FOR CONTRACT ASSISTANCE
By: [Signature]
Attorney at Law

Approved as to Legal Form
County Counsel
Date _____

Reviewed by Contract Compliance
Date _____

Presented to BOS for Signature
[Signature]
David K. Attila
President, Board of Education
Date _____

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<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By

OUSD or the District verifies that the Contractor does not appear on the Excluded Parties List at www.epls.gov/epls/search.do.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/24/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER 800-866-0777 616-957-1204 Thum Insurance Agency, LLC Melissa Thum 3140 3 Mile Road, NE Grand Rapids, MI 49525	CONTACT NAME: Melissa Thum PHONE (A/C, No, Ext): 800-866-0777 FAX (A/C, No): 616-957-1204 E-MAIL ADDRESS: melissa@thuminsurance.com
INSURED VISION TO LEARN 11611 SAN VICENTE BLVD # 500 LOS ANGELES, CA 90049	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Transportation Insurance Company 20494 INSURER B: American Casualty Company 20427 INSURER C: Continental Casualty Company 20443 INSURER D: United Specialty Insurance Company 12537 INSURER E: Evanston Insurance Company 35378 INSURER F: United States Liability Insurance Group 25895

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WYVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>		5083150090	03/15/2014	03/15/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> Marine	<input checked="" type="checkbox"/>		5083150123	03/15/2014	03/15/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ 1,000,000 UM
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$			5083139171	03/15/2014	03/15/2015	Medical Equipment \$ 298,512 EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
F	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	NPP1554428	03/15/2014	03/15/2015	Non-Profit D/O \$ 5,000,000
E	Medical Professional Liability			SM886487	04/16/2013	04/16/2014	\$ 1,000,000 EC/\$ 2,000,000 PA
C	Crime			596408416	01/01/2014	01/01/2017	Employee Theft (A) \$ 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 #1 2003 SPARTAN ARMOR CONVERSION VIN# 4VZKR10982C035209
 #2 2013 MERCEDES SPRINTER VAN 2500 VIN# WD3PE8CC8D5762242
 #3 2013 MERCEDES SPRINTER CARGO VAN M2CA170E VIN# WD3PE8CC6D5767651
 LOCATION: LOS ANGELES, CA 90049

CERTIFICATE HOLDER Additional Insured: Oakland Unified School District 900 High Street Oakland, CA 94601	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Melissa Thum</i>
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PROFESSIONAL SERVICES CONTRACT ROUTING FORM 2014-2015

Basic Directions

Additional directions and related documents are in the School Operations Library (<http://intranet.ousd.k12.ca.us>)

Services cannot be provided until the contract is fully approved and a Purchase Order has been issued.

- Contractor and OUSD contract originator (principal or manager) reach agreement about scope of work and compensation.
- Ensure contractor meets the consultant requirements (including The Excluded Party List, Insurance and HRSS Consultant Verification)
- Contractor and OUSD contract originator complete the contract packet together and attach required attachments.
- Within 2 weeks of creating the requisition the OUSD contract originator submits **complete** contract packet for approval to Procurement.

Attachment Checklist	<input type="checkbox"/> For individual consultants: HRSS Pre-Consultant Screening Letter for the current fiscal year.
	<input type="checkbox"/> For individual consultants: Proof of negative tuberculosis status within past 4 years.
	<input checked="" type="checkbox"/> For All Consultants: Results page of the Excluded Party List (https://www.sam.gov/portal/public/SAM/)
	<input checked="" type="checkbox"/> For All Consultants: Statement of qualifications (organization); or resume (individual consultant).
	<input checked="" type="checkbox"/> For All Consultants: Proof of Commercial General Liability insurance naming OUSD as an Additional Insured.
	<input checked="" type="checkbox"/> For All Consultants with employees: Proof of Workers' Compensation Insurance. (Ref. to Section 10 of the Contract)

OUSD Staff Contact Emails about this contract should be sent to: (required) barbara.parker@ousd.k12.ca.us

Contractor Information

Contractor Name	Vision To Learn	Agency's Contact	Gaye Williams			
OUSD Vendor ID #	I006301	Title	Executive Director			
Street Address	11611 San Vicente Blvd, Suite 500	City	Los Angeles	State	CA	Zip 90049
Telephone	(310) 893-2306	Email (required)	gaye@visiontolearn.org			
Contractor History	Previously been an OUSD contractor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Worked as an OUSD employee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Compensation and Terms – Must be within the OUSD Billing Guidelines

Anticipated start date	9/2/2014	Date work will end	6/30/2015	Other Expenses	\$
Pay Rate Per Hour (required)	\$	Number of Hours (required)			

Budget Information

If you are planning to multi-fund a contract using LEP funds, please contact the State and Federal Office before completing requisition.

Resource #	Resource Name	Org Key	Object Code	Amount
	No Fiscal Impact		5825	\$ 0.00
			5825	\$
			5825	\$
Requisition No. (required)			Total Contract Amount	\$ 0.00

Approval and Routing (in order of approval steps)

Services cannot be provided before the contract is fully approved and a Purchase Order is issued. Signing this document affirms that to your knowledge services were not provided before a PO was issued.

OUSD Administrator verifies that this vendor does not appear on the Excluded Parties List (<https://www.epis.gov/epis/search.do>)

1.	Administrator / Manager (Originator)	Name	Barbara Parker	Phone	273-1510
	Site / Department	968/ Health Services	Fax	273-1511	
	Signature			Date Approved	7/8/14
2.	Resource Manager, if using funds managed by: <input type="checkbox"/> State and Federal <input type="checkbox"/> Quality, Community, School Development <input checked="" type="checkbox"/> Family, Schools, and Community Partnerships				
	<input type="checkbox"/> Scope of work indicates compliant use of restricted resource and is in alignment with school site plan (SPSA)				
	Signature			Date Approved	7/15/14
	Signature (if using multiple restricted resources)			Date Approved	
3.	Regional Executive Officer				
	<input type="checkbox"/> Services described in the scope of work align with needs of department or school site				
	<input type="checkbox"/> Consultant is qualified to provide services described in the scope of work				
	Signature			Date Approved	7/15/14
4.	Deputy Superintendent Instructional Leadership / Deputy Superintendent Business Operations				Consultant Aggregate Under , Over \$50,000
	Signature			Date Approved	
5.	Superintendent, Board of Education Signature on the legal contract				
Legal Required if not using standard contract		Approved		Denied - Reason	Date
Procurement	Date Received			PO Number	



May 30, 2014

Board of Directors

Austin Beutner - Founder and Chair
Glennville March, Jr., MD
Cynthia Watts
Deirdra Willoughby
Jake Winebaum
Gaye Williams - Executive Director

Advisory Board

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Steven Abraham
Don Altire
Grenna Altire
Annie Berghoff
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Patrick Butler
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Jay Carson
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Samuel Daniels
David Fleming
Antonina Hernandez
Mickey Kastner
Kierman Maddox
Veronica Melvin
M. J. Munger
Timothy Thomas
Erin Pax
Cristina Pesnator
Janice Pober
Richard Pridjian
Ian Scope
Tom Sot
Leandro T. Berg
Geri White
Tyne Washington

Ms. Paris Pryor
Oakland Unified School District

Dear Ms. Pryor,

All Vision To Learn employees, including Optometrists and Opticians, are required to complete a TB test and have fingerprinting completed before they are hired and allowed to work in the mobile clinic. TB test results are sent to and verified by the Vision To Learn Administrative staff. The Opticians have fingerprints scanned and verified at a Live Scan facility, with results verified by Vision To Learn's Executive Director. All Optometrists are required to send a current copy of the license to Vision To Learn, which is then verified. As such, the California Board of Optometry requires Optometrist's to submit Live Scan fingerprints when applying for a license and when renewing their license. LAUSD and all other school districts have deemed this process acceptable as proof of fingerprinting.

As outlined in our MOU, Vision To Learn accepts full liability for the actions of its employees.

Sincerely,

Gaye Williams
Executive Director
Vision To Learn

Free Glasses for Kids

11611 San Vicente Blvd. Suite 500 Los Angeles, CA 90049 310.893.2345 visiontolearn.org

*Vision To Learn is a nonprofit tax-exempt public charity under Section 501(c)(3) of the Internal Revenue Code
Your donation is fully tax deductible as provided under applicable law
No goods or services were provided in exchange for this donation*



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Vision To Learn solves a problem affecting as many as 1.5 million children nationwide who lack the glasses they need to see the board, read a book, study math or participate in class. Kids in low income communities and minorities are disproportionately affected. More than 89% of kids served by Vision To Learn live in poverty and 87% are kids of color

The problem is one of access as most of the kids, for a host of reasons, do not get to a doctor. Vision To Learn solves the problem by bringing the clinic to the kids at schools and community organizations and providing eye exams and glasses free of charge. Vision To Learn has accomplished a great deal since it was started two years ago in Los Angeles and plans to use that experience to serve as a model for the rest of the nation. A few highlights:

- Vision To Learn has screened over 120,000 kids in Los Angeles and Sacramento, provided over 20,000 with eye exams and more than 16,000 with free glasses,
- Vision To Learn serves the needs of the hardest-to-reach kids in poverty-stricken, urban communities,
- UCLA research shows the direct impact VTL has on education outcomes – students helped by VTL have measurable improvement in grades
- UCLA research also shows VTL helps improve the learning environment for the entire classroom and school.

DONATE

More information on Vision To Learn can be found throughout this site. We welcome you to view the ["Story of Vision To Learn" video](#) and the ["Making a Difference" piece on NBC Nightly News with Brian Williams](#), both add color to the picture.

Sincerely,
Austin Buetner
Founder and Chairman





Dear Parent or Caregiver,

A vision screening was given at your child's school, indicating that your child may have difficulty seeing. Vision To Learn, a mobile eye clinic that provides free eye exams and free eyeglasses, is coming to your school in the next few weeks and can help your child's vision. We know that when children can see well, they can be more successful at school, since 80% of children's learning is obtained through vision. Here's how the program works:

1. Send your signed consent form back to school, giving Vision To Learn permission to examine your child's eyes.



2. The Vision To Learn mobile clinic will arrive at the school and a school representative will take your child to our bus to be examined by an Optometrist and Optician.



3. If needed, the doctor will prescribe the correct eyeglasses lens for your child. Children choose frames they like and get fitted for glasses.



4. In 2-3 weeks, eye care professionals will return to the school to deliver your child's eyeglasses and make sure they fit correctly.

"The day I got glasses I realized that I did need glasses because everything was all blurry. I had trouble learning. And then the truck came and changed my life because I started to get vision."

If you have questions or need further information, please contact your school nurse or Vision To Learn at (424) 256-5350 or info@visiontolearn.org.





FREE EYE EXAMINATIONS AND FREE EYEGASSES



CONSENT AND RELEASE

Vision To Learn is a nonprofit organization that provides free eye exams and free glasses to kids. In partnership with Oakland Unified School District, Vision To Learn will be bringing its Mobile Eye Clinic to your child's school to conduct eye exams and provide glasses to those children who need them.

A screening has indicated that your child may need glasses. **If you would like to give your child the opportunity to participate in this program, please complete the form below and return it to your child's school front office.**

Please Print

Child's Name: _____ Male / Female (circle) Date _____

Date of Birth: _____ School: _____ Classroom: _____

Grade: _____ Teacher: _____

Parent/Guardian Name (please print): _____

Home Address: _____

Parent/Guardian Phone Number: _____ Emergency Number: _____

Parent/Guardian Email Address (if any): _____

Check Boxes Below to Consent

____ YES, I agree to allow my child to participate in the Vision To Learn mobile vision clinic program.

Please help Vision To Learn:

Vision To Learn sometimes collects images of the children it serves in order to publicize its programs and make them better.

____ YES, I agree that my child may be photographed, filmed, and/or voice recorded (collectively called "Recordings") and that Vision To Learn will own and may use such Recordings in any format without compensation to my child or my child's parents or guardian.

Parent/Guardian Signature: _____

My signature shows that I have read and understand this voluntary Consent and Release and I agree to its provisions. I agree that I am waiving any and all claims against my school and Vision To Learn that may arise from my child's participation in the program or, as applicable, the use of the Recordings or the Data.

****Give this form to the school front office or your child's teacher right away****

If you have questions about this Consent and Release or Vision To Learn, please contact us at info@visiontolearn.org or (424)-256-5350.



Gới Thiệu của Vision To Learn

Vision To Learn đã khám cho _____ về _____

tại _____ nhằm đảm bảo thị lực và đôi mắt khỏe mạnh.

Lần khám này cho thấy con quý vị cần kiểm tra thêm. Điều **rất quan trọng** là con quý vị cần gặp bác sĩ chuyên khoa mắt càng sớm càng tốt để bảo vệ thị lực cho con quý vị.

Con quý vị sẽ được giới thiệu cho chuyên gia mắt vì một hoặc nhiều lý do dưới đây:

_____ Kiểm tra liên quan tới chứng liệt thể mi là cuộc kiểm tra được thực hiện bằng cách sử dụng thuốc nhỏ mắt nhằm thư giãn các cơ trong mắt để kê đơn chính xác về kính. **Vui lòng nộp bản kê đơn từ bác sĩ được giới thiệu cho y tá trường để chuẩn bị kính mắt cho con quý vị.**

_____ Kiểm tra độ giãn là cuộc kiểm tra được thực hiện bằng cách sử dụng thuốc nhỏ mắt để kiểm tra các nội cấu trúc của mắt.

_____ Lý do khác của việc giới thiệu _____

Quý vị sẽ gặp các trung tâm kiểm tra thị lực dưới đây. Những văn phòng này không liên kết với Vision To Learn và đóng vai trò chủ yếu là nguồn giới thiệu. Họ chấp nhận các bảo hiểm nhất định và cũng chấp nhận thanh toán riêng. Vui lòng gọi cho họ càng sớm càng tốt để đặt lịch hẹn. Sức khỏe con quý vị tùy thuộc vào quý vị.

Family Optical (tiếng Anh và tiếng Tây Ban Nha - thu nhập thấp

Điện thoại 510-535-5500
3060 East 9th Street
Fruitvale Shopping Center
Oakland, CA 94601-2925

Fruitvale Optometry
Điện thoại: 510-533-6567
Fruitvale Optometry
3301 East 12th Street #109
Oakland, CA 94601

Peter DiSalvo O.D.

Điện thoại 510-632-6951
8105 Edgewater Drive Suite # 1
Oakland, CA 94621

Family Optometric Vision Care (tiếng Anh, Tây Ban Nha và tiếng Trung Quốc)

Điện thoại 510-451-9157
290 Grand Ave
Oakland, CA 94610



ការបញ្ជូនព័ត៌មានដោយអន្តរកម្ម Vision to Learn

អន្តរកម្ម Vision To Learn បានពិនិត្យ _____ នៅ _____

នៅ _____ ដើម្បីសុខភាពភ្នែក និងចក្ខុ
វិញ្ញាណ។

ការពិនិត្យបានបញ្ជាក់ថា កូនរបស់លោកអ្នកត្រូវការការធ្វើតេស្តបន្ថែមទៀត។ មាន សារៈសំខាន់ណាស់ចំពោះកូនរបស់លោកអ្នកដូចជាមួយ
នឹងអ្នកជំនាញថែទាំភ្នែក ក្នុងពេលឆាប់ៗដែលអាចធ្វើការបាន ដើម្បីធានាថា ចក្ខុសម័យរបស់កូនលោកអ្នកត្រូវបានការពារ។

កូនរបស់លោកអ្នកកំពុងត្រូវបានបញ្ជូនព័ត៌មានដូចអ្នកជំនាញថែទាំភ្នែក ដោយសារតែមូលហេតុមួយ ឬច្រើន ដូចខាងក្រោម ៖

_____ ការពិនិត្យតាមរយៈការធ្វើប្រឡងចំណុះសម្រាក (cycloplegic exam) គឺជាការពិនិត្យ ដែលប្រើធាតុបណ្តុះភ្នែក ដើម្បីបន្ថយសាច់ដុំសម្លឹងមើល
នៃភ្នែក ក្នុងគោលបំណងដើម្បីកំណត់ច្របូកច្របល់បញ្ហាប្រែប្រួលគ្រឿងសម្រាប់មើលការ។ សូមប្រគល់ច្របូកច្របល់ពីច្របូកច្របល់ទៅឱ្យគណនេយ្យ
យីការនៅសាលារៀន សម្រាប់ធ្វើចំណាត់ការរបស់លោកអ្នក។

_____ ការពិនិត្យដោយការពង្រីកប្រស្រីភ្នែក (dilated exam) គឺជាការពិនិត្យដែលប្រើធាតុបណ្តុះភ្នែក ដើម្បីពិនិត្យចរាសម្បូរខាងក្នុងនៃភ្នែក
ភ្នែក។

_____ មូលហេតុដទៃទៀតក្នុងការបញ្ជូនព័ត៌មានដូចច្របូកច្របល់

បណ្តាលថែទាំភ្នែកខាងក្រោមនឹងដូចជាមួយនឹងលោកអ្នក។ ការិយាល័យព័ត៌មានមិនជាប់សម្បូរនឹងអន្តរកម្ម Vision to Learn ទេ ហើយ
ធ្វើជាប្រភពនៃការបញ្ជូនព័ត៌មានដើម្បីដូចអ្នកជំនាញ។ គេទទួលបានការចាំបាច់របស់មួយចំនួន ហើយក៏ទទួលបានការបង្កើតជាលក្ខ
ណៈឯកជនផងដែរ។ សូមទូរស័ព្ទទៅភ្នាក់ងារក្នុងពេលឆាប់ៗ ដែលលោកអ្នកអាចធ្វើការបាន ដើម្បីធ្វើការណាត់ជួប។ សុខភាពកូនរបស់លោក
អ្នកគឺជាចំណុចសំខាន់ណាស់។

Family Optical (ភាសាអង់គ្លេស និងអេស្ប៉ាញ - ចំណុលពាម)
ទូរស័ព្ទ 510-535-5500
3060 East 9th Street
Fruitvale Shopping Center
Oakland, CA 94601-2925

Fruitvale Optometry
ទូរស័ព្ទ ៖ 510-533-6567
Fruitvale Optometry
3301 East 12th Street #109
Oakland, CA 94601

Peter DiSalvo O.D.
ទូរស័ព្ទ 510-632-6951
8105 Edgewater Drive Suite # 1
Oakland, CA 94621

ការថែទាំចក្ខុវិញ្ញាណប្រចាំគ្រួសារ (ភាសាអង់គ្លេស អេស្ប៉ាញ
និងចិន)
ទូរស័ព្ទ 510-451-9157
290 Grand Ave
Oakland, CA 94610



**EXAMEN DE VISTA Y LENTES GRATIS
PERMISO Y CONSENTIMIENTO**



Vision To Learn es una organización sin fines de lucro que proporciona gratuitamente exámenes de la vista y sin gafas para niños. En asociación con Oakland Unified School District, Vision to Learn llevara su clinica oftalmologica a la escuela de su hijo/a para realizar exámenes de la vista y gafas para los niños que lo necesitan.

Un examen ha indicado que su hijo/a puede necesitar lentes. Si usted desea que su hijo/a tenga la oportunidad de participar en este programa, por favor complete este formulario y devuélvalo a la oficina de su escuela. No es necesario tener seguro de salud o hacer ningún pago para participar en este programa.

Por Favor Escriba:

Nombre de su Hijo/a: _____ Masculino / Femenino (circule)

Fecha de Nacimiento: _____ Escuela: _____ Salon de Clase: _____

Grado: _____ Maestro/a: _____ Fecha: _____

Nombre de Padre / Guardián: _____

Domicilio: _____

Teléfono de Padre / Guardián: _____ Tel. de Emergencia: _____

Correo Electrónico de Padre / Guardián: _____

Marque Abajo Para Consentimiento

_____ **Sí**, estoy de acuerdo en permitir que mi hijo/a participe en la clínica de visión móvil del programa de *Visión To Learn*.

Por Favor Ayude a Vision To Learn:

Vision To Learn a veces obtiene imágenes de los niños que atienden la escuela con el fin de dar a conocer el programa y hacerlo mejor.

_____ **Sí**, estoy de acuerdo que mi hijo/a sea fotografiado, filmado y / o participe en grabación de voz (colectivamente llamado "Grabaciones"), y entiendo que *Vision To Learn* será dueño de estas grabaciones y pueda utilizarlas en cualquier formato sin compensación alguna para mi niño/a ni a los padres de mi hijo o guardián.

Firma de Padre / Guardián: _____

Mi firma indica que he leído y entiendo este formulario de Permiso y Consentimiento voluntario, y estoy de acuerdo con sus disposiciones. Estoy de acuerdo que estoy renunciando cualquier y todos los reclamos en contra de mi escuela y *Vision to Learn* que pudieran derivarse de la participación de mi hijo/a en el programa o, en su caso, el uso de las Grabaciones o Datos.

Este formulario a la escuela de su niño o maestro

Si usted tiene preguntas acerca de este Permiso y Consentimiento o *Vision to Learn*, por favor póngase en contacto con nosotros: info@visiontolearn.org o (424)-256-5350.

Para Español, vea el reverso.



**FREE EYE EXAMINATIONS AND FREE EYEGASSES
CONSENT AND RELEASE**

Vision To Learn is partnering with your school or youth service organization to provide a mobile vision clinic that will give free basic eye examinations and free glasses to students who need them.

A screening has indicated that your child may need glasses. **If you would like to give your child the opportunity to participate in this program, please complete the form below and return it to your school nurse or designated contact person.** No insurance or payment is required to participate in this program. However, if your child is covered by MediCal please see below.

Vision To Learn sometimes collects images and/or academic information about children it serves in order to publicize and evaluate its programs. You agree that your child may be photographed, filmed, and/or voice recorded in any format (collectively called "Recordings") and that Vision To Learn will own and may use such Recordings in any format without compensation to your child or your child's parents or guardian. You agree that Vision To Learn may collect your child's academic, behavioral, attendance, and demographic data (collectively called "Data") from your school or youth service organization. You agree that you are waiving any and all claims against your school and Vision To Learn that may arise from your participation in the program or the use of the Recordings or the Data.

YES, I agree to allow my child to participate in the Vision To Learn mobile vision clinic program, described above.

Please Print

Child's Name : _____ Male / Female (circle)

Date of Birth: _____ School: _____

Grade: _____ Teacher: _____ Classroom Number: _____

Parent/Guardian Name (please print): _____

Home Address: _____

Parent/Guardian Phone Number: _____ Emergency Number: _____

Parent/Guardian Email Address (if any): _____

***Please allow us to help more children by providing your child's MediCal number below if available. Providing this number is NOT a requirement for us to provide our services to your child.**

MediCal Number: _____ Issue Date: _____

Parent/Guardian Signature: _____

My signature shows that I have read and understand this voluntary Consent and Release and I agree to its provisions.

If you have questions about this Consent and Release or Vision To Learn, please contact us at info@visiontolearn.org or 424-256-5350.

Vision to Learn is a non-profit organization that provides FREE eye exams and FREE glasses to students.

11611 San Vicente Blvd. Suite 500, Los Angeles, CA 90049 (424) 256-5350 VisionToLearn.org

For English, please see reverse



**EXAMEN DE VISTA Y LENTES GRATIS
PERMISO Y CONSENTIMIENTO**

Vision To Learn se ha asociado con su escuela o la organización de servicio juvenil para proveer una clínica de visión móvil que ofrecerá exámenes gratuitos de la vista y anteojos básicos gratuitos a los estudiantes que los necesitan.

Un examen ha indicado que su hijo/a puede necesitar lentes. **Si usted desea que su hijo/a tenga la oportunidad de participar en este programa, por favor complete este formulario y devuélvalo a la enfermera de su escuela o la persona de contacto designada.** No es necesario tener seguro de salud o hacer ningún pago para participar en este programa.

Vision To Learn a veces obtiene imágenes de los niños que atienden la escuela, o la información sobre ellos, con el fin de dar a conocer el programa y hacerlo mejor. Usted está de acuerdo que su hijo/a sea fotografiado, filmado y / o participe en grabación de voz (colectivamente llamado "Grabaciones"), y entiende que *Vision to Learn* será dueño de estas grabaciones y pueda utilizarlas en cualquier formato sin compensación alguna para mi niño/a ni a los padres de su hijo o guardián. Usted está de acuerdo en que *Vision to Learn* puede solicitar el acceso a académico, conducta, asistencia y datos demográficos acerca de mi hijo (colectivamente llamado "Datos"). Usted está de acuerdo que estoy renunciando cualquier y todos los reclamos en contra de mi escuela o la organización de servicio juvenil y *Vision to Learn* que pudieran derivarse de la participación de mi hijo/a en el programa o, en su caso, el uso de las Grabaciones o Datos

Sí, estoy de acuerdo en permitir que mi hijo/a participe en la clínica de visión móvil del programa de *Visión to Learn* que se describe arriba.

Por Favor Escriba:

Nombre de su Hijo/a: _____ Masculino / Femenino (circule)

Fecha de Nacimiento: _____ Escuela: _____

Grado: _____ Maestro/a: _____ Número de aula _____

Nombre de Padre / Guardián: _____

Domicilio: _____

Teléfono de Padre / Guardián: _____ Tel. de Emergencia: _____

Correo Electrónico de Padre / Guardián: _____

***Por favor permitanos ayudar a mas niños poniendo el numero de MediCal de su hijo/a, si lo tiene disponible. Proporcionando este numero NO ES requisito para que nosotros podamos suplir nuestros servicios a su hijo/a.**
Numero de MediCal: _____ Fecha de Emisión: _____

Firma de Padre / Guardián: _____

Mi firma indica que he leído y entiendo este formulario de Permiso y Consentimiento voluntario, y estoy de acuerdo con sus disposiciones.

Si usted tiene preguntas acerca de este Permiso y Consentimiento o *Vision to Learn*, por favor póngase en contacto con nosotros:

info@visiontolearn.org o 424-256-5350.



CONGRATULATIONS ON YOUR NEW GLASSES!

“Now that I can see, it’s easier to learn”

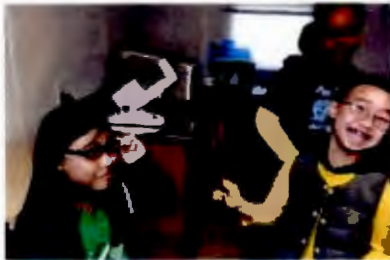
Important Things to Know About Your New Eyeglasses

How Do I Take Care of My Glasses?

- Clean eyeglasses with dish soap and warm water
- Dry them with a soft cloth like a t-shirt
- Store glasses in the case when you’re not wearing them
- Attach glasses to a strap around your neck for sports and activities

What If I Break or Lose My Glasses

- Your glasses can be fixed or replaced within one year of receiving them
- Just contact your school nurse or the Vision To Learn team!



TO FIX OR REPLACE BROKEN OR LOST EYEGASSES:

Call VISION TO LEARN at 1-424-256-5350 or

Email info@visiontolearn.org or go to visiontolearn.org for more information

TIPS FOR PARENTS

How to Help Your Child Adjust to New Eyeglasses

- Remind your child that by wearing eyeglasses, it’s easier to learn and to be successful at school.
- Help your child remember to wear their glasses all the time (unless they were only prescribed for reading).
- Give your child a safe spot to keep their glasses and case when not wearing them.
- Make putting on glasses in the morning and taking them off at night part of your child’s everyday routine.
- If after several days, your child is not wearing their glasses, try to determine why:
 - Are the glasses uncomfortable? If so, the frame or the prescription may need to be adjusted.
 - Notice other kids who wear glasses, and talk about their glasses
 - Compliment your child for wearing and caring for his or her new glasses

For repairs or misplaced glasses, please contact Vision To Learn at 1-424-256-5350



¡FELICIDADES EN TUS NUEVOS LENTES!

“¡Ahora que puedo ver, es mas fácil de aprender!”

Cosas Importantes de Saber Sobre tus Nuevos Lentes:

¿Como puedo cuidar de mis lentes?

- Limpia los lentes con jabón y agua tibia.
- Seque con una tela suave, como una camiseta.
- Guarda los lentes un su estuche cuando no los estés usando.
- amarra los lentes en una correa alrededor del cuello para deportes y actividades.

¿Que tal si quiebro mis lentes?

- Tus lentes pueden ser reparados o cambiados durante el primer año.
- ¡Simplemente ponte en contacto con la enfermera de tu escuela o el equipo de Vision To Learn!



Llama a VISION TO LEARN al: 1-424-256-5350 o email:

info@visiontolearn.org

PARA REPARA O CAMBIAR LENTES
QUEBRADOS O ROBADOS.

O visita la pagina web: visiontolearn.org para mas información

CONSEJOS PARA LOS PADRES

Como ayudar a su hijo/o adaptarse a sus nuevos lentes

- ¡Recuérdale a su hijo que usando lentes, será mas fácil de aprender y tener éxito en la escuela!
- Ayude a su hijo a recordar el uso de sus lentes todo el tiempo (a menos que la prescripción sea solo para lectura).
- Dele a su hijo un lugar seguro para guardar sus lentes y estuche cuando no los lleva puestos.
- Haga ponerse los lentes en la mañana y quitárselos en la noche parte de su rutina diaria.
- Si después de varios días, su hijo no se pone los lentes, trate de determinar por que:
- ¿Son los lentes incomodos? Si es así, un ajuste del bastidor o a la prescripción pueda ser necesario.
- Observe a otros niños que usan lentes, y hable de los lentes. --¡Complemente a su hijo por usar y cuidar de sus lentes!

Llama a VISION TO LEARN al: 1-424-256-5350 PARA REPARA O CAMBIAR LENTES QUEBRADOS O ROBADOS.



Estimado padre o cuidador,

Un examen de la vista se le dio en la escuela de su hijo, lo que indica que su niño pueda tener dificultad para ver. *Vision to Learn*, una clínica móvil de ojos, llegara a su escuela en las próximas semanas y puede ayudar con la visión de su hijo, **totalment gratis**. Sabemos que cuando los niños pueden ver bien, pueden tener más éxito en la escuela, ya que el 80% del aprendizaje de los niños se obtiene a través de la visión. Así es como funciona el programa:

1. Envíe su formulario de consentimiento firmado a la escuela, dando permiso a *Vision to Learn* que examine los ojos de su hijo.



2. Cuando *Vision to Learn* llegue a su escuela, su niño bordara nuestro autobús y será examinado por un optometrista con equipo moderno.

3. Si es necesario, el médico le prescribirá los lentes correctos para su hijo.
4. Los niños eligen los marcos que les gusta y serán medidos para sus lentes.
5. En 2-3 semanas, profesionales de la visión volveran a la escuela para entregarle los lentes a su hijo y asegurarse de que queden bien.



"El día que obtuve mis lentes me di cuenta que necesitaba lentes porque todo estaba borroso. Yo tenía problemas en aprender. Y luego el camión llegó y cambió mi vida porque empecé a tener visión."

Si usted tiene preguntas o necesita información adicional, por favor comuníquese con la enfermera escolar o *Vision to Learn* a (424) 256-5350 o info@visiontolearn.org.





Dear Principal/School Nurse,

Thank you for participating in Vision To Learn's free glasses for kids program!

We are a non-profit organization partnering to provide free eye examinations and glasses to elementary school students. We are delighted that your school has been selected to participate in our program. Here is some information that you and your staff will need to help make our visit a success:

WHAT YOU NEED TO KNOW

Day of Visit: Our Vision To Learn Sprinter bus will arrive with an optician and optometrist in the morning. The bus will need a location to park that will easily allow for students to access the bus. We will also need an outlet to plug the bus into. We can examine approximately 25 to 30 students per day in our Sprinter bus. If the number of signed consent forms is larger, we will schedule subsequent visits to accommodate the remaining students. We would prefer having all the consent forms one week prior to our initial visit.

Hours of Operation: We will arrive 30 minutes before school starts, begin seeing students about 15 minutes after class starts and finish about 15 minutes before school is over.

Students Who Will be Seen: We will see all students Pre K-5 identified in your recent screenings as having potential vision issues who have returned a signed consent form.

WHAT WE NEED FROM YOU NOW

Please complete and return the items described in the attached Site Visit Confirmation as soon as possible return to Vision To Learn at info@visiontolearn.org or fax: (213) 402-5261

WHAT WE WILL NEED ON THE DAY OF THE VISIT

1. Volunteers or Staff - to escort students between classrooms and the vehicle; as well as to translate if needed.
2. Signed Consent forms from all students we will be seeing
3. A location to park our mobile clinic. We prefer to be on the 'campus'. Usually a corner of the playground or a section of a parking lot.
4. Access to restrooms and if possible, staff break room, for the staff on the bus.
5. Access to a fax machine at the end of the day to fax the days glasses prescriptions.

Thank you and we are looking forward to working with you to enhance students' ability to succeed in your school.

Sincerely,

Vision To Learn
(424) 256-5350



Site Visit Confirmation

Please complete this form and return to Vision to Learn:

School Name: _____

Date(s) of Examinations: _____

WHAT WE NEED TO KNOW

Total student population: _____ Total pre-school population: _____

Total kindergarten population: _____ Total 1st grade population: _____

PRIMARY CONTACT

SCHOOL NURSE (if different from Primary Contact):

Name: _____

Name: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

MAINTENANCE PERSON (to assist with vehicle placement and power source)

Name: _____

Email: _____

Phone: _____

WHAT WE NEED FROM YOU NOW

Please attach:

Completed student consent forms.

WHERE TO SEND IT

Scan and Email: info@VisionToLearn.org or fax to 213 402 5261

WHAT YOU NEED TO HAVE READY: VOLUNTEERS / STAFF

1. To Co-ordinate taking students between the vehicle and their classrooms.
2. For Translation, if necessary.

IF YOU HAVE QUESTIONS

Please call Vision To Learn (424) 256-5350 or (310) 893-2305



Vision to Learn Referral

Vision To Learn examined _____ on _____

at _____ for vision and eye health.

The exam indicated that your child needs additional testing. It is **very important** for your child to see an eye care professional as soon as possible in order to make sure that your child's sight is protected.

Your child is being referred to an eye care professional for one or more of the following reasons:

_____ A cycloplegic exam is an exam performed using drops to relax the focusing muscles in the eye in order to determine the correct prescription for glasses. **Please turn in the prescription obtained by the referral doctor to the school nurse for your child's glasses to be made.**

_____ A dilated exam is an exam performed using drops to check the internal structures of the eye.

_____ Other reason for referral _____

The following eye care centers will see you. These offices are not affiliated with Vision to Learn and serve mainly as a referral source. They accept certain insurances and also accept private pay. Please call them as soon as you can to schedule an appointment. Your child's health depends on you.

Family Optical (English and Spanish- low income)
Phone 510-535-5500
3060 East 9th Street
Fruitvale Shopping Center
Oakland, CA 94601-2925

Peter DiSalvo O.D.
Phone 510-632-6951
8105 Edgewater Drive Suite # 1
Oakland, CA 94621

Fruitvale Optometry
Phone: 510-533-6567
Fruitvale Optometry
3301 East 12th Street #109
Oakland, CA 94601

Family Optometric Vision Care (English, Spanish and Chinese)
Phone 510-451-9157
290 Grand Ave
Oakland, CA 94610



Vision To Learn Referencia

Vision to learn ha examinado a _____ en _____

en _____ para la vision y salud ocular.

El examen indicó que su hijo/a necesita pruebas adicionales. **Es muy importante** que su hijo/a vea a un especialista de ojos lo más pronto posible con el fin de asegurarse de que la vista de su hijo/a este protegida.

Su hijo/a esta siendo referido a un especialista de ojos por una o mas de las siguientes razones:

_____ Un examen cicloplégico es un examen realizado usando gotas para relajar los músculos en el ojo para determinar la prescripción correcta de sus lentes. **Por favor entregue la receta obtenida por el médico a la enfermera de la escuela para poder hacerle sus lentes.**

_____ Un examen de dilatación es un examen realizado usando gotas para revisar las estructuras internas del ojo.

_____ Otra razon por referencia _____

Las siguientes clinicas de oculista los podran asistir. Estas oficinas no están afiliados con Vision to Learn y sirven principalmente como una fuente de referencia. Ellos aceptan ciertos seguros y también aceptan pagos privados (efectivo). Por favor, llamar a cualquier oficina lo mas pronto posible para hacer una cita. La salud de su hijo depende de usted.

Family Optical (Inglés y Español)
Phone 510-535-5500
3060 East 9th Street
Fruitvale Shopping Center
Oakland, CA 94601-2925

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Oakland, CA 94601

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Phone 510-451-9157
290 Grand Ave
Oakland, CA 94610



Vision to Learn 轉介

Vision To Learn 就視力及眼部健康為 _____ 於 _____

在 _____ 進行了檢查。

檢查結果指出您的孩子需要進一步測試。您的孩子需要盡快看眼部護理專家，以確保您孩子的視力受到保護，這非常重要。

出於以下一種或多種原因，您的孩子被轉介至眼部護理專家：

_____ 睫狀肌麻痹劑檢查是使用眼藥水放鬆眼部對焦肌肉後進行的一項檢查，旨在確定眼鏡的正確處方。請將從轉介醫生獲得的處方交給學校的護士，以為您的孩子配眼鏡。

_____ 散瞳檢查是使用眼藥水檢查眼睛內部結構的檢查。

_____ 轉介的其他原因 _____

以下眼科護理中心將接待您。這些辦公室與 Vision to Learn 沒有關聯，並且主要作為轉介來源提供服務。他們接受特定保險，亦接受自費。請盡快致電他們，安排預約。您孩子的健康有賴於您。

Family Optical (英語及西班牙語 - 低收入)

電話 510-535-5500

3060 East 9th Street
Fruitvale Shopping Center
Oakland, CA 94601-2925

Peter DiSalvo O.D.

電話 510-632-6951

8105 Edgewater Drive Suite # 1
Oakland, CA 94621

Fruitvale Optometry

電話：510-533-6567

Fruitvale Optometry
3301 East 12th Street #109
Oakland, CA 94601

Family Optometric Vision Care (英語、西班牙語及
中文)

電話 510-451-9157

290 Grand Ave
Oakland, CA 94610

Vision To Learn 是一家向學生提供免費視力篩查、免費眼科檢查及免費眼鏡的非營利組織



إحالة مؤسسة الإبصار من أجل التعليم

قامت مؤسسة الإبصار من أجل التعليم بفحص _____ يوم _____

في _____ للتعرف على صحة الإبصار والعيون.

أوضح الفحص أن طفلك يحتاج إلى اختبارات إضافية. من **المهم جدًا** لطفلك أن يفحصه أخصائي رعاية عيون في أقرب وقت ممكن للتأكد من حماية إبصار طفلك.

تتم إحالة طفلك إلى أخصائي رعاية عيون لسبب أو أكثر مما يلي:

_____ يتم إجراء اختبار شلل العضلة الهدبية باستخدام قطرة لتسترخي عضلات البؤرة في العين ليتم تحديد المقاس الصحيح للنظارة. **يرجى تسليم المقاس الذي وضعه طبيب الإحالة إلى ممرضة المدرسة ليتم عمل نظارة لطفلك.**

_____ يتم إجراء اختبار التوسيع باستخدام قطرة لفحص المكونات الداخلية للعين.

سبب آخر للإحالة

ستفحصك المراكز التالية لرعاية العيون. هذه المكاتب غير تابعة لمؤسسة الإبصار من أجل التعليم وتعمل بشكل رئيسي كمصدر للإحالة. تقبل تأمينات معينة وتقبل الدفع الفردي أيضًا. يرجى الاتصال بهم في أسرع وقت ممكن لتحديد موعد. تعتمد صحة طفلك عليك.

Family Optical (الإنجليزية والإسبانية - لأصحاب
الدخول المنخفضة)
الهاتف 510-535-5500
3060 East 9th Street
Fruitvale Shopping Center
Oakland, CA 94601-2925

Fruitvale Optometry
الهاتف: 510-533-6567
Fruitvale Optometry
3301 East 12th Street #109
Oakland, CA 94601

بيتر ديسالفو، طبيب تصحيح إبصار
الهاتف 510-632-6951
8105 Edgewater Drive Suite # 1
Oakland, CA 94621

Family Optometric Vision Care (الإنجليزية والإسبانية
والصينية)
الهاتف 510-451-9157
290 Grand Ave
Oakland, CA 94610

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List of records matching your search for :

Search Term : Vision* To Learn*
Record Status: Active

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