



Parent Advisory Committee

October 15, 2026

8:30a.m. – 9:30a.m.

Parenting is not about being perfect — it's about being present. Every family has its own story, values, and rhythm. Our journey is about learning, growing, and building stronger bonds together.

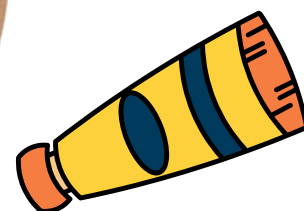
AGENDA

- **Vision Screening**
- **Parent Survey/Conferences**
- **Speech Padlet**
- **Review of Demonstration Site Visit**
- **Q & A**





Screenings



Screenings are taking place in October



This is only a screening, not a diagnosis. Follow-up may be needed if your child does not pass the screening or if the screening cannot be completed.

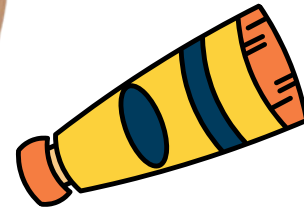


Sample Referral on next slide



Referrals will be sent home by November

VISION



Screenings



Marysville Joint Unified School District

1919 B Street

Marysville, CA 95901

(530) 749-6165

Fax # (530) 741-6019

Wakita Willson, Director



Building Futures

To the Parents of Joanna Raya

Jordan Wells, our district nurse, conducted Elliana's vision screening. The results from the PlusOptix Vision Screener indicate that Joanna did not pass the recent screening.

Please review the attached screening results. A referral form is included for you to take to your child's optometrist for a complete evaluation. Once completed, please return the form to your child's teacher or Preschool Health Aide.

If you have any questions, please feel free to contact the preschool office or myself. Thank you.

Sincerely,

Lupita Romero
Child Development Health Aide
lrromero@mjusd.com
530-749-6167



Marysville Joint Unified School District REPORT OF VISION SCREENING



Students Name: Joanna Raya

Date Screened 10/08/2026

DOB: 12/11/2023

Teacher/School: Araceli/ DO

Dear parent/guardian:

As a result of a recent vision screening at school, we recommend that your child should have a complete visual examination. We urge you to give this your prompt attention. **PLEASE TAKE THIS FORM TO YOUR EYE DOCTOR** to be completed. Once completed please return to your child's teacher or Preschool Health Aide. Please feel free to contact us with questions or concerns.

Credentialed District School Nurse, Jordan Wells: (530) 749-6169

Performance of Snellen Test: Right: 20/ Left: 20/ Near: Both 20/

Signs and Symptoms:

Photo Vision Screening (optional): **COULD NOT CONDITION**

Right eye Sphere: Cylinder: Axis: Pupil Diameter:
Left eye Sphere: Cylinder: Axis: Pupil Diameter:

VISION SPECIALIST REPORT

Name of Student: _____ Date Examined: _____

VISUAL ACUITY:

Without Lenses: _____ With Lenses: _____

Right: 20/____ Left: 20/____ Right: 20/____ Left: 20/____
Both: 20/____ Both: 20/____

Diagnosis: _____

Preferential seating, special materials, recommendations: _____

Date student should return for further examination: _____

Signature of Examiner: _____ Address: _____

Stamp or Printed Name of Examiner: _____ Phone: _____

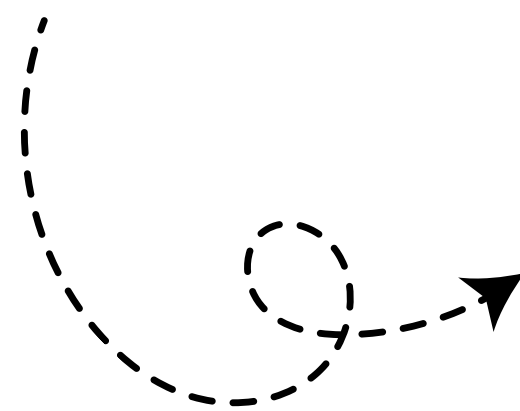
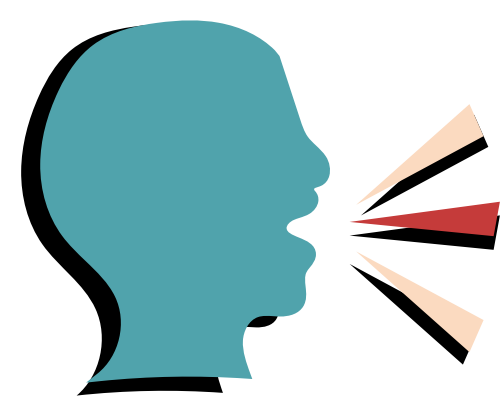
**NOTE: Please return completed form to your child's teacher
or Preschool Health Aide.**

Failed Vision
Sample Letter

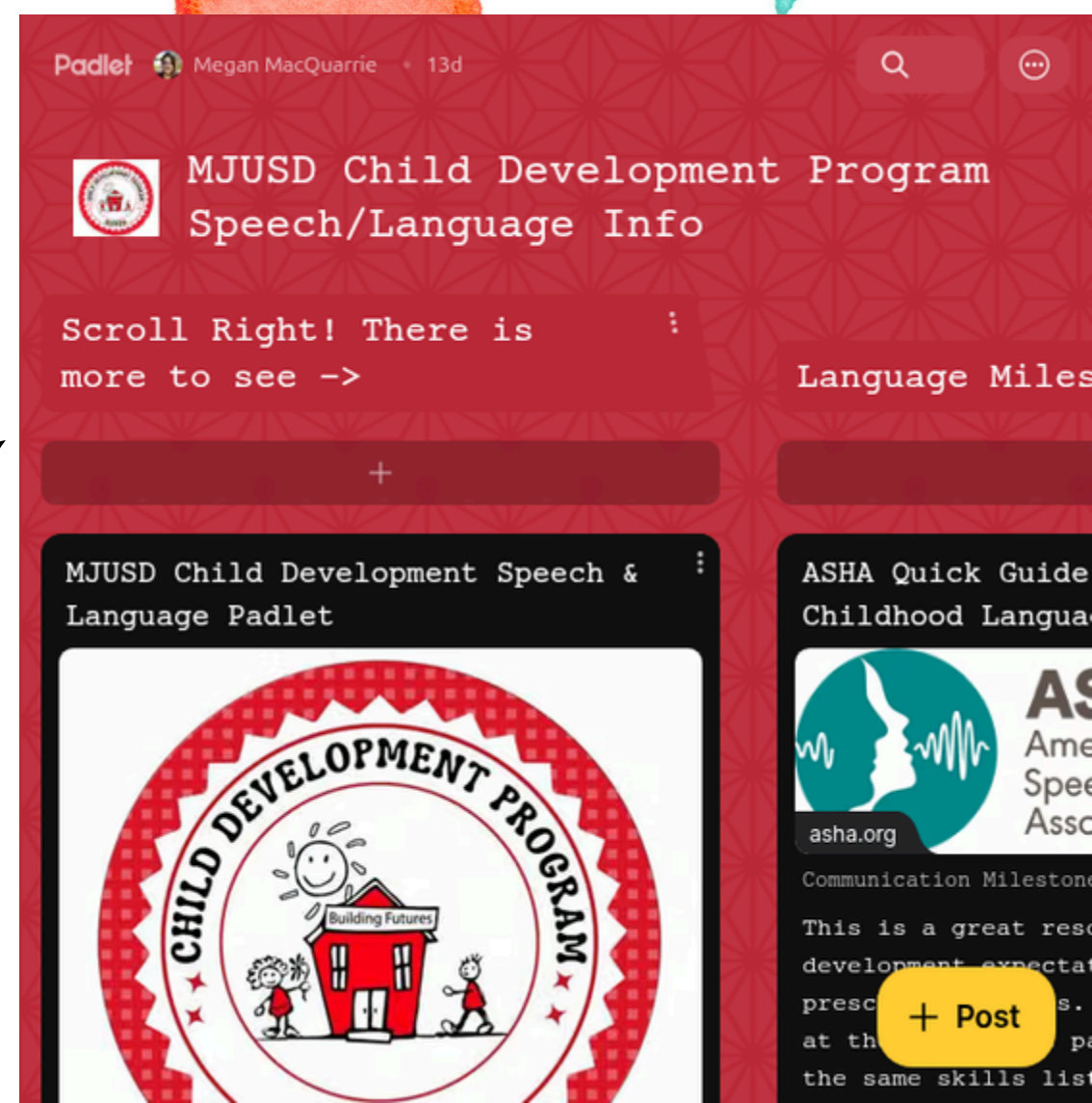
Report of Vision
Screening



SPEECH PADLET



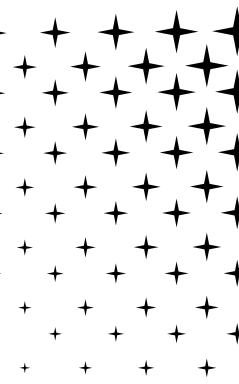
A place where we share
therapy guides, exercises
and communication
tools.



COMING SOON...



Parent Survey October 29th Learning Genie



Name of Agency: _____
Site/Program: _____
Date: _____

Desired Results for Children and Families – Parent Survey

This survey requests your feedback about your child's program. Your responses are confidential and will help improve the services provided to you. If you have more than one child who attends this program, you can fill out this survey for each child or respond once by answering the questions about your youngest child in the program.

Part 1. Rate to what extent you agree with the following statements about your experience of your child's program:

1. The program clearly explained the process for enrolling my child in the program.

☐ Strongly Agree
☐ Somewhat Agree
☐ Somewhat Disagree
☐ Strongly Disagree
☐ Unsure

2. The program clearly explained all their safety policies and procedures regarding illness, medication, emergencies, etc.

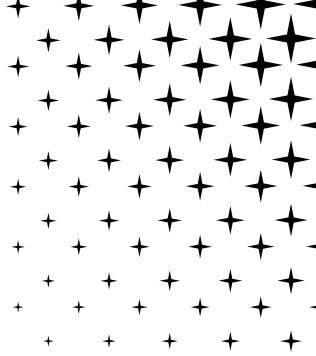
☐ Strongly Agree
☐ Somewhat Agree
☐ Somewhat Disagree
☐ Strongly Disagree
☐ Unsure

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We encourage every family to complete the DRDP Parent Survey as it helps us bridge the gap between home and school, providing actionable insights that improve our program as a whole.

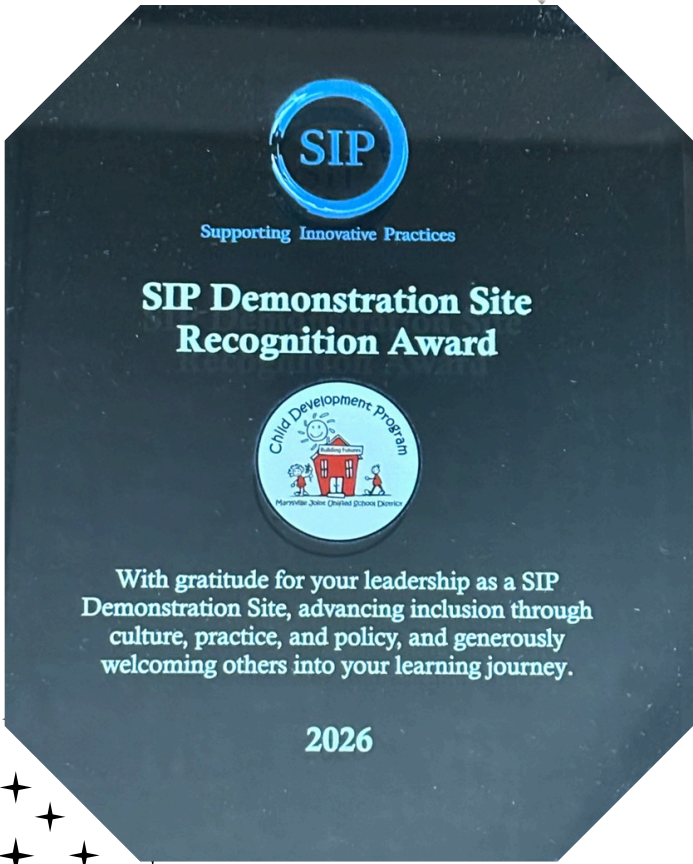




Demonstration Site Visit

October, 14, 2026

Nurturing Love, Patience, and
Understanding in Every Interaction.



Thank
you!



THANK'S FOR
YOUR ATTENTION

