



Vision Screening - Birth to Age 3 Vision Screening Parent Questionnaire Scoring Guidance

INTRODUCTION

The screening process is designed to answer one simple question, “Is there a vision concern that requires further examination?”

The information collected in the Vision Screening Parent Questionnaire is important in helping to identify children who may require further evaluation. Screeners are looking for both ocular and neurological indications of vision concerns. The questionnaire is not intended to diagnose medical conditions. It is not a comprehensive assessment or a guide for educational programming.

The questionnaire and scoring should take about 10 minutes to complete by a qualified, experienced professional.

Successful completion of vision screening training is required before using this “Vision Screening Parent Questionnaire - Scoring Guidance.” Contact A Shared Vision for training or support.

Note, if a child is currently receiving early intervention vision services from an Early Intervention Teacher of the Visually Impaired (EI-TVI) then you do not need to complete this screening process.

RECOMMENDED PROCESS

1.	2.	3.	4.	5.	6.	7.
Send or give “Parent Questionnaire” to caregivers to complete before meeting	Score “Parent Questionnaire” Clarify caregivers’ responses, if needed	Fill out the “Results and Next Steps for Caregivers” Give form to caregivers	Help caregivers understand options for telehealth vs. in-person visits with pediatric ophthalmologist	Provide other valuable information to caregivers	Request the eye doctor’s report, if appropriate, and place in the child’s file	Send copy of completed “Parent Questionnaire” to EI-TVI

Contact **A Shared Vision** for training or support.
referrals@ASharedVision.org | www.ASharedVision.org
A Shared Vision is a 501(c)(3) Colorado nonprofit

AS YOU'RE GETTING STARTED WITH THE VISION SCREENING PROCESS

Under certain circumstances an **urgent** referral to a pediatric ophthalmologist/ optometrist is recommended. These include:

- One eye looks different than the other eye (e.g., one eye is significantly smaller in appearance or one eye is higher on the face than the other eye)
- One or both eyes turn inward or outward. This can happen all of the time or only some of the time. **This is urgent if abrupt onset for a child 2-3 years old**
- There is a difference in the black color, size or shape of the pupils in one or both eyes. **This is urgent if the unequal pupil is more than one millimeter**
- There is a difference in the size or shape of the iris in one or both eyes. **This is urgent if the unequal iris is more than one millimeter**
- One of both eyes appear cloudy or white
- Eyes are in involuntary, rapid (dancing/ jiggling up and down or side to side) motion. **This is urgent if abrupt onset**

If any of these circumstances exist, complete review of the questionnaire, and then immediately refer the caregivers. The information gathered in the questionnaire will provide important documentation for the pediatric ophthalmologist/ optometrist and EI-TVI.

SCORING INSTRUCTIONS

Section: General History: High Risk Populations for Visual Problems

If there are one or more positive responses (“yes”), select Concerns Identified.

Note, if there are no other vision concerns identified on the questionnaire, then a referral is not necessary at this time.

- No concerns identified
- Concerns identified

Section: Appearance of the Eyes and Eyelids

If any of the observations are positive responses (“yes”), select Concerns Identified. Referral to a pediatric ophthalmologist/ optometrist AND EI-TVI is warranted.

Note, if the child is diagnosed with conjunctivitis (“pink eye”), blocked tear duct or seasonal allergies as the cause of red or mattered eyes, then referral to an EI-TVI is not necessary.

- No concerns identified
- Concerns identified (refer to pediatric ophthalmologist/ optometrist and EI-TVI)

VISION SCREENING PARENT QUESTIONNAIRE - SCORING GUIDANCE**Section: Behaviors**

For Behaviors, complete the following two reviews of the caregiver's responses.

First, if any of the five statements below are positive ("yes"), select Concerns Identified. Referral to a pediatric ophthalmologist/ optometrist AND to an EI-TVI is warranted.

- Cover or close an eye when looking at someone or something within close range (two feet or closer)
- Frown or squint an eye when looking at something far away (two feet or further)
- Tilt/ turn head to the side, lift/ lower chin, and/or thrust head forward or backward when looking at something at near or far range
- Hold an object very close to his or her eyes when looking at it
- Have trouble seeing small objects, such as a small piece of cereal left on tray / table

No concerns identified

Concerns identified (refer to pediatric ophthalmologist/ optometrist and EI-TVI)

Second, if two or more of the 19 statements are positive ("yes"), select Concerns Identified. Referral to a pediatric ophthalmologist/ optometrist AND to an EI-TVI is warranted.

No concerns identified

Concerns identified (refer to pediatric ophthalmologist/ optometrist and EI-TVI)

Section: Complaints

For Complaints, review "Does your child..." questions, as well as other concerns documented by caregiver.

If any questions about "Does your child..." are positive responses ("yes"), select Concerns Identified. Referral to a pediatric ophthalmologist/ optometrist AND to an EI-TVI is warranted.

No concerns identified

Concerns identified (refer to pediatric ophthalmologist/ optometrist and EI-TVI)

If a parent has any concerns about their child's vision that were not addressed in any of the previous questions, select Concerns Identified and refer to an EI-TVI even if the child has been seen by an eye doctor.

No concerns identified

Concerns identified (refer to EI-TVI)

SCORING SUMMARY

Place an “X” in the appropriate column for each of the Vision Screening Parent Questionnaire sections to determine appropriate referral and next steps.

Questionnaire Section	No Concerns Identified (“X”)	Concerns Identified (“X”)	Concerns Identified? Then Referral Recommendation Is:
General History			REFER if any concerns in other sections are identified. Otherwise select “No observable vision problems” on form.
Appearance of Eyes & Eyelids			REFER to pediatric ophthalmologist/ optometrist and EI-TVI (note, referral may be urgent)
Behaviors			REFER to pediatric ophthalmologist/ optometrist and EI-TVI (note, referral is non-urgent)
Complaints			REFER if any positive statements to “Does your child” and indicate referral is to pediatric ophthalmologist/ optometrist and EI-TVI. REFER to EI-TVI if no other concerns are identified in any other sections and caregiver still has vision concerns or questions.

Note: If referral is warranted, indicate either **VISION CONCERNS ARE OBSERVED** or **URGENT VISION CONCERNS ARE OBSERVED** on the “Vision Screening Results & Next Steps for Caregivers” form depending upon the urgency of the concerns. Be sure to indicate referral to a pediatric ophthalmologist/ optometrist, an EI-TVI or both based on the guidance.

WRAP-UP

1. Fill out the “Vision Screening Results & Next Steps for Caregivers” form.
2. Provide parents/caregivers with a copy of the completed form and review action plan with caregivers.
3. If referral is recommended and child has been seen by an eye doctor (optometrist or ophthalmologist), then request the eye doctor’s report to place in the child’s file.
4. If referral to an EI-TVI is indicated, forward this completed “Vision Screening Parent Questionnaire - Scoring Questionnaire” to the EI-TVI.



Vision Screening - Birth to Age 3

Vision Screening Results & Next Steps for Caregivers

Screening Professional: _____ Screening Date: _____

Child's Name: _____ DOB: _____

Screening Results and Next Steps

No further action required at this time.

- Rescreen annually or sooner if any concerns arise.

No observable vision problems. However, some risk factors are present, e.g., family history and/or medical risk factors.

- Provide developmental milestones specific to vision to caregivers for reference.
- If concerns arise, call a pediatric ophthalmologist/ optometrist.
- Rescreen annually.

Vision concerns are observed.

- Describe vision concerns (use the back of this page if more room is needed):

- Contact a pediatric ophthalmologist/ optometrist for follow-up.
- Consult an Early Intervention Teacher of the Visually Impaired:

Urgent vision concerns are observed.

- Describe urgent vision concerns (use the back of this page if more room is needed):

- Contact a pediatric ophthalmologist/ optometrist for **immediate** follow-up.
- Consult an Early Intervention Teacher of the Visually Impaired.

PROVIDE THIS DOCUMENT TO CAREGIVERS AT THE CONCLUSION OF VISION SCREENING.

Contact Programs for Infants and Children at 907-561-8060 for referral.



Examen de visión - Hasta la edad de 3 años
Resultados del examen de vista y pasos a seguir por el cuidador/a

Profesional a cargo de examinación: _____ Fecha de examen: _____

Nombre del niño/a: _____ Fecha de Nacimiento: _____

Resultados del examen de vista y pasos a seguir:

- Sin acción requerida hasta el momento.**
 - Reexaminar anualmente o si existe alguna duda respectiva.

- No se observan problemas de visión. De todas maneras, ciertos factores de riesgo pueden estar presentes, por ejemplo: historial o antecedente familiar, y/o factor de riesgo médico.**
 - Proveer hitos cronológicos del desarrollo específicos, respecto a la visión, para que los cuidadores puedan utilizarlos como referencia.
 - Ante cualquier duda o consulta, llamar al médico pediatra oftalmológico / optometrista.
 - Reexamine anualmente.

- Preocupación relacionada con la visión es observada.**
 - Describir preocupaciones (utilizar el dorso de esta hoja en el caso de requerir mayor espacio para escribir):

 - Contactar a pediatra oftalmológico / optometrista para proceder con su seguimiento.
 - Consultar a un Profesor de Intervención Temprana para Discapacidades Visuales.

- URGENTE preocupación es observada.**
 - Describa urgencia observada (utilizar el dorso de esta hoja en el caso de requerir mayor espacio para escribir):

 - Contactar a pediatra oftalmológico / optometrista para proceder con su inmediato seguimiento.
 - Consultar a un Profesor de Intervención Temprana para Discapacidades Visuales.

DEVOLVER ESTE DOCUMENTO AL CUIDADOR/A UNA VEZ CONCLUIDA LA EXAMINACIÓN.

Favor de contactarse Programs for Infants & Children para aser referenecia: 907-561-8060