

VISION SCREENING REPORT FORM



Child's Name: _____

Date: ___/___/___

Age: _____ Teacher/Grade: _____

Testing	Age 3-4 (20/40)	Age 5-7 (20/30)	Age 8+ (20/25)
Distance Vision	<input type="checkbox"/> PASS <input type="checkbox"/> REFER both eyes open (20/40 or better)	<input type="checkbox"/> PASS <input type="checkbox"/> REFER both eyes open (20/30 or better)	<input type="checkbox"/> PASS <input type="checkbox"/> REFER both eyes open (20/25 or better)
	<input type="checkbox"/> PASS <input type="checkbox"/> REFER right eye (20/40 or better)	<input type="checkbox"/> PASS <input type="checkbox"/> REFER right eye (20/30 or better)	<input type="checkbox"/> PASS <input type="checkbox"/> REFER right eye (20/25 or better)
	<input type="checkbox"/> PASS <input type="checkbox"/> REFER left eye (20/40 or better)	<input type="checkbox"/> PASS <input type="checkbox"/> REFER left eye (20/30 or better)	<input type="checkbox"/> PASS <input type="checkbox"/> REFER left eye (20/25 or better)
Near Vision	<input type="checkbox"/> PASS <input type="checkbox"/> REFER both eyes open (20/40 or better)	<input type="checkbox"/> PASS <input type="checkbox"/> REFER both eyes open (20/30 or better)	<input type="checkbox"/> PASS <input type="checkbox"/> REFER both eyes open (20/25 or better)
	<input type="checkbox"/> PASS <input type="checkbox"/> REFER right eye (20/40 or better)	<input type="checkbox"/> PASS <input type="checkbox"/> REFER right eye (20/30 or better)	<input type="checkbox"/> PASS <input type="checkbox"/> REFER right eye (20/25 or better)
	<input type="checkbox"/> PASS <input type="checkbox"/> REFER left eye (20/40 or better)	<input type="checkbox"/> PASS <input type="checkbox"/> REFER left eye (20/30 or better)	<input type="checkbox"/> PASS <input type="checkbox"/> REFER left eye (20/25 or better)
Binocular Vision (butterfly book test)	<input type="checkbox"/> PASS <input type="checkbox"/> REFER	<input type="checkbox"/> PASS <input type="checkbox"/> REFER	<input type="checkbox"/> PASS <input type="checkbox"/> REFER

All areas passed and no further action is required at this time.

One or more areas of concern were found above. Further evaluation and/or referral is indicated due to abnormal vision in one or both eyes.

Comments: _____

Follow Up Section: _____

Follow-up call completed Date: ___/___/___

Disclaimer:

A screening is a very simple tool that indicates **POSSIBLE** vision challenges. It does not detect all eye problems and it is not always 100% accurate. It also **DOES NOT** take the place of a comprehensive eye evaluation with an eye care professional. That said, it is a good indicator of the need for a more in-depth exam if a child does not successfully pass a vision screening.

For follow-up purposes, please return this bottom form to the program/school.

I would like information on financial resources for glasses.

My child already sees an eye doctor. I have made an appointment with an eye doctor.

We have seen an eye doctor with the following results: _____

Student's Name: _____ Phone: _____

Address: _____ School: _____

Why is my child's vision being screened?

Being able to see the world clearly is vital to being able to learn. Vision directs our thinking, organization, listening and actions. If a child has impaired vision it makes it much harder for them to succeed in school and in life. If your child was referred after this screening, it is very important that you follow up and have their vision and eye health checked by an eye care professional.

What's the difference between a vision screening and an eye exam?

A screening is a very simple set of tests that indicate **POSSIBLE** vision challenges. These tests do not detect all possible eye problems and are not always 100% accurate. That said, it is a good indicator of the need for a more in-depth exam by an eye doctor (optometrist or ophthalmologist) if a child does not successfully pass a vision screening.

Why is my child not checked for 20/20 vision during the screening?

Normal vision for adults is 20/20 or less. Children's eyes take longer to fully develop and that is why they do not always have 20/20 vision yet.

What does "20/20" mean?

20/20 means that you are able to see on an eye chart at 20 feet what a person with normal visual acuity can see at the same distance. Any number greater than 20 on the bottom means that your vision is not as clear. So 20/100 means you see at 20 feet what someone else can see from 100 feet.

Do eye doctors take CHIP/Medicaid?

There are optometrists and ophthalmologists that take Medicaid. Medicaid will usually pay for an eye exam and a pair of glasses every year for children under the age of 18. The State of Idaho also offers two premium assistance programs to support the purchase of private health insurance.

Who is an Eye Care Professional?

Optometrist – doctor of optometry (OD) that examines, diagnoses, treats, and manages diseases and disorders of the eyes and visual system.

Ophthalmologist – physician (doctor of medicine, MD, or doctor of osteopathy, DO) who specializes in the medical and surgical care of the eyes and visual system and in the prevention of eye disease and injury.

If in need of financial assistance for an eye exam or glasses, please call your school nurse. Resources are available.