



Vision Screening Parent Questionnaire© for Children Birth to Age Three

Provider's Copy

Below are the answers provided by the caregiver.

Caregivers are encouraged to talk to their primary care professional (PCP) for any concerns identified. The PCP might need to know about their concerns. Also, if their child needs to see a pediatric eye doctor, their PCP may need to provide them with a medical referral.

Caregivers are provided this **QR code to find a list of pediatric eye doctors**, as well as other helpful on A Shared Vision's website.



For Professional Use

A Shared Vision's Vision Screening Protocol©, including its questions, guidelines, and recommendations, is available to agencies, organizations, and individuals for their professional use. Users are responsible for correctly interpreting vision screening data, making suitable recommendations, and effectively communicating these to caregivers. All users accept full responsibility for the use of the Vision Screening Protocol© and agree to hold A Shared Vision harmless.

Caregiver Responses to Parent Questionnaire©

Today's date

Child's first name

Caregiver's first name

Caregiver's email

Name of person providing answers if other than the primary caregiver (optional):

Eye Doctor Examination History

Has your child ever been examined by an eye doctor?

Yes No

If yes, when was the most recent exam (month, year)?

What were the results of the exam?

Did the doctor say your child needs glasses, an eye patch, or another treatment?

Yes No

Did the doctor prescribe any medications?

Yes No

If something was recommended, are you and your child able to follow the plan (such as wearing glasses or an eye patch)?

Yes Sometimes No

Did the eye doctor recommend a follow-up visit?

Yes No

If yes, when?

Note: If the caregiver or child are having difficulty following the treatment plan, encourage the caregiver to discuss these difficulties with their eye doctor.

Family Vision History (Parents and Siblings)

Is there a family history of eye crossing (strabismus) or vision loss due to eye crossing (amblyopia) in grandparents, parents, or siblings?

Yes No **IF YES, RISK FACTOR**

Did anyone in your family need prescription glasses before age 6 years?

Yes No **IF YES, RISK FACTOR**

Please describe any other family vision problems, such as being born with cataracts, glaucoma, or eye cancer:

Family Vision History (Parents and Siblings) – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Risk Factor (RF) Concerns Identified: Child is at higher risk for visual impairment.

Child's Medical History

Has your child been diagnosed with or affected by any of the following? Check all that apply.

- Low birth weight (less than 4.5 pounds) → **RISK FACTOR**
- Needed oxygen for more than 4 days as a newborn → **RISK FACTOR**
- Hearing loss → **RISK FACTOR**
- Born before 30 weeks → **NON-URGENT CONCERN**
- Head or facial differences at birth (e.g., cleft lip/palate, craniosynostosis, etc.) → **NON-URGENT CONCERN**
- Exposure to infections before birth (e.g., CMV, syphilis, rubella, toxoplasmosis, etc.) → **NON-URGENT CONCERN**
- Meningitis or encephalitis → **NON-URGENT CONCERN**
- Exposure to drugs or alcohol before birth → **NON-URGENT CONCERN**
- Any syndrome or genetic disorder (e.g., Down syndrome, CHARGE syndrome, albinism, etc.) → **NON-URGENT CONCERN**
- Brain injury from lack of oxygen, stroke, trauma, etc. → **NON-URGENT CONCERN**
- Neurological conditions (e.g., cerebral palsy, seizure disorders, hydrocephalus, etc.) → **NON-URGENT CONCERN**

Child's Medical History – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Risk Factor Concerns Identified: Child is at higher risk for visual impairment.
<input type="checkbox"/>	Non-Urgent Concerns Identified: Refer to pediatric ophthalmologist or pediatric optometrist.

Objective Vision Testing

Objective tests should be adapted to the child's age and ability to control their head. Document if the child cannot participate and recommend rescreening at a follow-up meeting, such as an initial IFSP meeting or first provider visit. Check all that apply.

NON-URGENT CONCERN(S) IF “NO” TO ANY OF THE TESTS.

Fixation. Do both eyes fixate on an object at eye level placed in front of their nose for at least two seconds? <i>For children 3 months or older.</i>	No <input type="checkbox"/>	NU
Visual Tracking. Do both eyes smoothly follow a continuously moving target both horizontally and vertically? <i>For children 3 months or older.</i>	No <input type="checkbox"/>	NU
Pupillary Reflex. Do both pupils constrict quickly when exposed to a bright light, then become larger when the light is removed? <i>For children 6 months or older.</i>	No <input type="checkbox"/>	NU
Corneal Light Reflection. Does light reflect in both eyes in a symmetrical position near the center of the pupils? <i>For children 6 months or older.</i>	No <input type="checkbox"/>	NU

Objective Vision Testing – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Non-Urgent Concerns Identified: Refer to pediatric ophthalmologist or pediatric optometrist.
<input type="checkbox"/>	Unable to Test.

Appearance of Eyes and Eyelids

Please take a few moments to look at your child's eyes and eyelids. Do you notice any of the following. Check all that apply.

- Do one or both eyes appear white or cloudy?
→ **VERY URGENT CONCERN**
- Is there a difference in the black part (pupil) of one or both eyes in color, size, or shape?
→ **VERY URGENT CONCERN IF SIZE DIFFERENCE IS >1MM, OTHERWISE NON-URGENT CONCERN**
- Is there a difference in the colored part (iris) of one or both eyes in size or shape?
→ **VERY URGENT CONCERN IF SIZE DIFFERENCE IS >1MM, OTHERWISE NON-URGENT CONCERN**
- Do one or both eyes turn in, out, up, or down, either all the time or sometimes?
→ **VERY URGENT CONCERN IF THIS IS ABRUPT ONSET FOR A CHILD 2 TO 3 YEARS OLD, OTHERWISE NON-URGENT CONCERN**
- Do their eyes move on their own or move quickly (e.g., dancing or jiggling up and down or side to side)?
→ **VERY URGENT CONCERN IF THIS IS ABRUPT ONSET, OTHERWISE NON-URGENT CONCERN**
- Does one eye look different than the other (e.g., one eye is smaller or higher on the face)?
→ **URGENT CONCERN**
- Does one eyelid droop or look lower than the other?
→ **URGENT CONCERN IF THIS IS ABRUPT ONSET, OTHERWISE NON-URGENT CONCERN**
- Are their eyes red or have a lot of matter beyond the usual sleep matter or due to allergies?
→ **NON-URGENT CONCERN**
- Are their eyelids red, swollen, or crusty?
→ **NON-URGENT CONCERN**

If you checked any of the questions above, when did the caregiver first notice it? Did this happen suddenly? Please describe.

Appearance of Eyes and Eyelids – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Non-Urgent Concerns Identified: Refer to pediatric ophthalmologist.
<input type="checkbox"/>	Urgent Concerns Identified: Refer to pediatric ophthalmologist.
<input type="checkbox"/>	Very Urgent Concerns Identified: Refer to pediatric ophthalmologist.

Visual Behaviors

Your child's actions may indicate that something may not be right with their vision. Please think about how your child uses their vision during the day.

NON-URGENT CONCERN(S) IF "CHECK" IN ANY OF QUESTIONS #1 – 5, OR IF TWO OR MORE "CHECKS" ACROSS ALL QUESTIONS.

For children 1 to 3 months, answer question #1.

1. Does your child have trouble making eye contact with you for at least 3 seconds?

For children 3 to 12 months, answer the previous question, plus #2-13. Check all that apply.

2. When looking at something, does your child frequently tilt or turn their head, lift or lower their chin, or move their head forward or backward?
3. When looking at something, does your child always hold it very close to their eyes (within 1-4 inches)?
4. Does your child have trouble seeing small things like lint or a small piece of cereal?
5. When looking at something near or far, does your child frown, squint, or cover an eye?
6. When looking at something, does your child look over, under, or beside the person or object instead of looking straight at it?
7. Does your child prefer looking at overhead lights or windows instead of people or toys?
8. Does your child have trouble knowing who people are until they hear their voices?
9. Does your child recognize a familiar toy only after touching or hearing it?
10. Does your child only see an object when it's alone? I.e., they often can't find a specific toy among other objects.
11. Does your child notice people, pets, or objects only when they are moving?
12. Does your child frequently look away or turn their head when reaching for something nearby?
13. When reaching for something nearby, does your child reach past it or not far enough to get it?

For children 12 to 18 months, answer the previous questions, plus #14-16. Check all that apply.

14. Does your child have trouble noticing when the floor changes, like from tile to carpet?
15. Does your child often stumble over things, bump into objects, or have trouble seeing steps or curbs?
16. Does your child avoid looking at or pointing to pictures in books or on a screen?

For children 18 months or older, answer all questions. Check all that apply.

17. Does your child have difficulty finding small details in pictures (like pointing to a dog's nose)?

Visual Behaviors – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Non-Urgent Concerns Identified (one “yes” in any question #1-5): Refer to pediatric ophthalmologist.
<input type="checkbox"/>	Non-Urgent Concerns Identified (two or more “yes” across all questions): Refer to pediatric ophthalmologist.

Caregiver Concerns

Does caregiver have any concerns about their child’s vision that were not addressed in the earlier questions? If yes, please describe. → **NON-URGENT CONCERN**

No concerns

Caregiver Concerns – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Non-Urgent Concerns Identified: Refer to pediatric ophthalmologist, pediatric optometrist, or PCP.

Scoring Rubric©

Use the Scoring Rubric© to summarize vision screening results and determine recommended next steps, categorized by concern codes – Risk Factor (RF), Non-Urgent (NU), Urgent (U), and Very Urgent (VU). From the previous pages, place an “X” in the appropriate column for each section of the rubric to determine recommended next steps. This rubric recommends specific actions to be taken, ensuring a structured and effective follow-up process for each screening outcome.

Screening Component	No Concerns	Concerns Identified & Code	Recommended Next Steps
Family Vision History	<input type="checkbox"/>	RF <input type="checkbox"/>	Risk Factor concerns only. No referral necessary if no other concerns (NU, U, VU) are identified.
Child’s Medical History	<input type="checkbox"/>	RF <input type="checkbox"/>	Risk Factor concerns only. No referral necessary if no other concerns (NU, U, VU) are identified.
		NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric ophthalmologist or optometrist within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.
Objective Vision Testing	<input type="checkbox"/>	NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric ophthalmologist or optometrist within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.
Appearance of Eyes and Eyelids	<input type="checkbox"/>	NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric ophthalmologist or optometrist within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.
		U <input type="checkbox"/>	Recommend URGENT follow up with a pediatric ophthalmologist within 1 to 2 weeks. If the child is in early intervention, consider adding vision services.
		VU <input type="checkbox"/>	Recommend VERY URGENT follow up with a pediatric ophthalmologist within 24 to 28 hours. If the child is in early intervention, consider adding vision services.
Visual Behaviors any concern in questions #1-5, OR two or more concerns across all questions	<input type="checkbox"/>	NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric ophthalmologist within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.
		NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric ophthalmologist within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.
Caregiver Concerns	<input type="checkbox"/>	NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric

Screening Component	No Concerns	Concerns Identified & Code	Recommended Next Steps
			<p>ophthalmologist, optometrist, or the family’s primary care professional within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.</p> <p>Note: If caregiver has discussed their concerns with their doctor and is still unsatisfied, suggest caregiver discuss their concerns with an EI-TVI, either through their EIB or refer them directly to referrals@asharedvision.org for more information.</p>

Vision Screening Results (check one)

Summarize the vision screening concerns by prioritizing the most significant issues. If a “very urgent” concern is identified, it should be highlighted as the primary concern, followed by “urgent,” “non-urgent,” and “risk factor” concerns, respectively. Follow the recommendations from the Scoring Rubric©.

<input type="checkbox"/>	No observable vision problems. No further action is required at this time.
<input type="checkbox"/>	No observable vision problems; however, some risk factors are present.
<input type="checkbox"/>	Non-urgent vision concerns are observed. Recommend follow up within 4 to 5 weeks, if possible.
<input type="checkbox"/>	Urgent vision concerns are observed. Recommend follow up within 1 to 2 weeks.
<input type="checkbox"/>	Very urgent vision concerns are observed. Recommend follow up within 24 to 48 hours.

Recommended Follow Up From Scoring Rubric© (check all that apply based on type of concerns and urgency)

If an ophthalmologist is advised, strongly suggest that the family seeks vision care from an ophthalmologist, if feasible. If the recommendation includes either an ophthalmologist or optometrist, the family should consider factors such as convenience, personal preference, and location in making their choice. Similarly, if follow-up with any of an ophthalmologist, optometrist, or primary care professional is recommended, the choice should be guided by the family’s specific circumstances and preferences.

In every instance, it’s important for the family to inform their primary care professional about the vision screening results to ensure optimal care for their child and to secure a medical referral, if necessary.

Follow the recommendations from the Scoring Rubric©.

<input type="checkbox"/>	Pediatric ophthalmologist
<input type="checkbox"/>	Pediatric optometrist
<input type="checkbox"/>	Primary care professional



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Caregivers are provided this **QR code to find a list of pediatric eye doctors**, as well as other helpful on A Shared Vision's website.



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Caregiver Responses to Parent Questionnaire©

Today's date

Child's first name

Caregiver's first name

Caregiver's email

Name of person providing answers if other than the primary caregiver (optional):

Eye Doctor Examination History

Has your child ever been examined by an eye doctor?

Yes No

If yes, when was the most recent exam (month, year)?

What were the results of the exam?

Did the doctor say your child needs glasses, an eye patch, or another treatment?

Yes No

Did the doctor prescribe any medications?

Yes No

If something was recommended, are you and your child able to follow the plan (such as wearing glasses or an eye patch)?

Yes Sometimes No

Did the eye doctor recommend a follow-up visit?

Yes No

If yes, when?

Note: If the caregiver or child are having difficulty following the treatment plan, encourage the caregiver to discuss these difficulties with their eye doctor.

Family Vision History (Parents and Siblings)

Is there a family history of eye crossing (strabismus) or vision loss due to eye crossing (amblyopia) in grandparents, parents, or siblings?

Yes No **IF YES, RISK FACTOR**

Did anyone in your family need prescription glasses before age 6 years?

Yes No **IF YES, RISK FACTOR**

Please describe any other family vision problems, such as being born with cataracts, glaucoma, or eye cancer:

Family Vision History (Parents and Siblings) – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Risk Factor (RF) Concerns Identified: Child is at higher risk for visual impairment.

Child's Medical History

Has your child been diagnosed with or affected by any of the following? Check all that apply.

- Low birth weight (less than 4.5 pounds) → **RISK FACTOR**
- Needed oxygen for more than 4 days as a newborn → **RISK FACTOR**
- Hearing loss → **RISK FACTOR**
- Born before 30 weeks → **NON-URGENT CONCERN**
- Head or facial differences at birth (e.g., cleft lip/palate, craniosynostosis, etc.) → **NON-URGENT CONCERN**
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- Any syndrome or genetic disorder (e.g., Down syndrome, CHARGE syndrome, albinism, etc.) → **NON-URGENT CONCERN**
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- Neurological conditions (e.g., cerebral palsy, seizure disorders, hydrocephalus, etc.) → **NON-URGENT CONCERN**

Child's Medical History – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Risk Factor Concerns Identified: Child is at higher risk for visual impairment.
<input type="checkbox"/>	Non-Urgent Concerns Identified: Refer to pediatric ophthalmologist or pediatric optometrist.

Objective Vision Testing

Objective tests should be adapted to the child's age and ability to control their head. Document if the child cannot participate and recommend rescreening at a follow-up meeting, such as an initial IFSP meeting or first provider visit. Check all that apply.

NON-URGENT CONCERN(S) IF “NO” TO ANY OF THE TESTS.

Fixation. Do both eyes fixate on an object at eye level placed in front of their nose for at least two seconds? <i>For children 3 months or older.</i>	No <input type="checkbox"/>	NU
Visual Tracking. Do both eyes smoothly follow a continuously moving target both horizontally and vertically? <i>For children 3 months or older.</i>	No <input type="checkbox"/>	NU
Pupillary Reflex. Do both pupils constrict quickly when exposed to a bright light, then become larger when the light is removed? <i>For children 6 months or older.</i>	No <input type="checkbox"/>	NU
Corneal Light Reflection. Does light reflect in both eyes in a symmetrical position near the center of the pupils? <i>For children 6 months or older.</i>	No <input type="checkbox"/>	NU

Objective Vision Testing – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Non-Urgent Concerns Identified: Refer to pediatric ophthalmologist or pediatric optometrist.
<input type="checkbox"/>	Unable to Test.

Appearance of Eyes and Eyelids

Please take a few moments to look at your child's eyes and eyelids. Do you notice any of the following. Check all that apply.

- Do one or both eyes appear white or cloudy?
→ **VERY URGENT CONCERN**
- Is there a difference in the black part (pupil) of one or both eyes in color, size, or shape?
→ **VERY URGENT CONCERN IF SIZE DIFFERENCE IS >1MM, OTHERWISE NON-URGENT CONCERN**
- Is there a difference in the colored part (iris) of one or both eyes in size or shape?
→ **VERY URGENT CONCERN IF SIZE DIFFERENCE IS >1MM, OTHERWISE NON-URGENT CONCERN**
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→ **VERY URGENT CONCERN IF THIS IS ABRUPT ONSET FOR A CHILD 2 TO 3 YEARS OLD, OTHERWISE NON-URGENT CONCERN**
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→ **VERY URGENT CONCERN IF THIS IS ABRUPT ONSET, OTHERWISE NON-URGENT CONCERN**
- Does one eye look different than the other (e.g., one eye is smaller or higher on the face)?
→ **URGENT CONCERN**
- Does one eyelid droop or look lower than the other?
→ **URGENT CONCERN IF THIS IS ABRUPT ONSET, OTHERWISE NON-URGENT CONCERN**
- Are their eyes red or have a lot of matter beyond the usual sleep matter or due to allergies?
→ **NON-URGENT CONCERN**
- Are their eyelids red, swollen, or crusty?
→ **NON-URGENT CONCERN**

If you checked any of the questions above, when did the caregiver first notice it? Did this happen suddenly? Please describe.

Appearance of Eyes and Eyelids – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Non-Urgent Concerns Identified: Refer to pediatric ophthalmologist.
<input type="checkbox"/>	Urgent Concerns Identified: Refer to pediatric ophthalmologist.
<input type="checkbox"/>	Very Urgent Concerns Identified: Refer to pediatric ophthalmologist.

Visual Behaviors

Your child's actions may indicate that something may not be right with their vision. Please think about how your child uses their vision during the day.

NON-URGENT CONCERN(S) IF "CHECK" IN ANY OF QUESTIONS #1 – 5, OR IF TWO OR MORE "CHECKS" ACROSS ALL QUESTIONS.

For children 1 to 3 months, answer question #1.

1. Does your child have trouble making eye contact with you for at least 3 seconds?

For children 3 to 12 months, answer the previous question, plus #2-13. Check all that apply.

2. When looking at something, does your child frequently tilt or turn their head, lift or lower their chin, or move their head forward or backward?
3. When looking at something, does your child always hold it very close to their eyes (within 1-4 inches)?
4. Does your child have trouble seeing small things like lint or a small piece of cereal?
5. When looking at something near or far, does your child frown, squint, or cover an eye?
6. When looking at something, does your child look over, under, or beside the person or object instead of looking straight at it?
7. Does your child prefer looking at overhead lights or windows instead of people or toys?
8. Does your child have trouble knowing who people are until they hear their voices?
9. Does your child recognize a familiar toy only after touching or hearing it?
10. Does your child only see an object when it's alone? I.e., they often can't find a specific toy among other objects.
11. Does your child notice people, pets, or objects only when they are moving?
12. Does your child frequently look away or turn their head when reaching for something nearby?
13. When reaching for something nearby, does your child reach past it or not far enough to get it?

For children 12 to 18 months, answer the previous questions, plus #14-16. Check all that apply.

14. Does your child have trouble noticing when the floor changes, like from tile to carpet?
15. Does your child often stumble over things, bump into objects, or have trouble seeing steps or curbs?
16. Does your child avoid looking at or pointing to pictures in books or on a screen?

For children 18 months or older, answer all questions. Check all that apply.

17. Does your child have difficulty finding small details in pictures (like pointing to a dog's nose)?

Visual Behaviors – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Non-Urgent Concerns Identified (one “yes” in any question #1-5): Refer to pediatric ophthalmologist.
<input type="checkbox"/>	Non-Urgent Concerns Identified (two or more “yes” across all questions): Refer to pediatric ophthalmologist.

Caregiver Concerns

Does caregiver have any concerns about their child’s vision that were not addressed in the earlier questions? If yes, please describe. → **NON-URGENT CONCERN**

Nothing

Caregiver Concerns – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Non-Urgent Concerns Identified: Refer to pediatric ophthalmologist, pediatric optometrist, or PCP.

Scoring Rubric©

Use the Scoring Rubric© to summarize vision screening results and determine recommended next steps, categorized by concern codes – Risk Factor (RF), Non-Urgent (NU), Urgent (U), and Very Urgent (VU). From the previous pages, place an “X” in the appropriate column for each section of the rubric to determine recommended next steps. This rubric recommends specific actions to be taken, ensuring a structured and effective follow-up process for each screening outcome.

Screening Component	No Concerns	Concerns Identified & Code	Recommended Next Steps
Family Vision History	<input type="checkbox"/>	RF <input type="checkbox"/>	Risk Factor concerns only. No referral necessary if no other concerns (NU, U, VU) are identified.
Child’s Medical History	<input type="checkbox"/>	RF <input type="checkbox"/>	Risk Factor concerns only. No referral necessary if no other concerns (NU, U, VU) are identified.
		NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric ophthalmologist or optometrist within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.
Objective Vision Testing	<input type="checkbox"/>	NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric ophthalmologist or optometrist within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.
Appearance of Eyes and Eyelids	<input type="checkbox"/>	NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric ophthalmologist or optometrist within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.
		U <input type="checkbox"/>	Recommend URGENT follow up with a pediatric ophthalmologist within 1 to 2 weeks. If the child is in early intervention, consider adding vision services.
		VU <input type="checkbox"/>	Recommend VERY URGENT follow up with a pediatric ophthalmologist within 24 to 28 hours. If the child is in early intervention, consider adding vision services.
Visual Behaviors any concern in questions #1-5, OR two or more concerns across all questions	<input type="checkbox"/>	NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric ophthalmologist within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.
		NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric ophthalmologist within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.
Caregiver Concerns	<input type="checkbox"/>	NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric

Screening Component	No Concerns	Concerns Identified & Code	Recommended Next Steps
			<p>ophthalmologist, optometrist, or the family's primary care professional within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.</p> <p>Note: If caregiver has discussed their concerns with their doctor and is still unsatisfied, suggest caregiver discuss their concerns with an EI-TVI, either through their EIB or refer them directly to referrals@asharedvision.org for more information.</p>

Vision Screening Results (check one)

Summarize the vision screening concerns by prioritizing the most significant issues. If a "very urgent" concern is identified, it should be highlighted as the primary concern, followed by "urgent," "non-urgent," and "risk factor" concerns, respectively. Follow the recommendations from the Scoring Rubric©.

<input type="checkbox"/>	No observable vision problems. No further action is required at this time.
<input type="checkbox"/>	No observable vision problems; however, some risk factors are present.
<input type="checkbox"/>	Non-urgent vision concerns are observed. Recommend follow up within 4 to 5 weeks, if possible.
<input type="checkbox"/>	Urgent vision concerns are observed. Recommend follow up within 1 to 2 weeks.
<input type="checkbox"/>	Very urgent vision concerns are observed. Recommend follow up within 24 to 48 hours.

Recommended Follow Up From Scoring Rubric© (check all that apply based on type of concerns and urgency)

If an ophthalmologist is advised, strongly suggest that the family seeks vision care from an ophthalmologist, if feasible. If the recommendation includes either an ophthalmologist or optometrist, the family should consider factors such as convenience, personal preference, and location in making their choice. Similarly, if follow-up with any of an ophthalmologist, optometrist, or primary care professional is recommended, the choice should be guided by the family's specific circumstances and preferences.

In every instance, it's important for the family to inform their primary care professional about the vision screening results to ensure optimal care for their child and to secure a medical referral, if necessary.

Follow the recommendations from the Scoring Rubric©.

<input type="checkbox"/>	Pediatric ophthalmologist
<input type="checkbox"/>	Pediatric optometrist
<input type="checkbox"/>	Primary care professional



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Today's date

Child's first name

Caregiver's first name

Caregiver's email

Name of person providing answers if other than the primary caregiver (optional):

Eye Doctor Examination History

Has your child ever been examined by an eye doctor?

Yes No

If yes, when was the most recent exam (month, year)?

What were the results of the exam?

Did the doctor say your child needs glasses, an eye patch, or another treatment?

Yes No

Did the doctor prescribe any medications?

Yes No

If something was recommended, are you and your child able to follow the plan (such as wearing glasses or an eye patch)?

Yes Sometimes No

Did the eye doctor recommend a follow-up visit?

Yes No

If yes, when?

Note: If the caregiver or child are having difficulty following the treatment plan, encourage the caregiver to discuss these difficulties with their eye doctor.

Family Vision History (Parents and Siblings)

Is there a family history of eye crossing (strabismus) or vision loss due to eye crossing (amblyopia) in grandparents, parents, or siblings?

Yes No *IF YES, RISK FACTOR*

Did anyone in your family need prescription glasses before age 6 years?

Yes No *IF YES, RISK FACTOR*

Please describe any other family vision problems, such as being born with cataracts, glaucoma, or eye cancer:

Family Vision History (Parents and Siblings) – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Risk Factor (RF) Concerns Identified: Child is at higher risk for visual impairment.

Child's Medical History

Has your child been diagnosed with or affected by any of the following? Check all that apply.

- Low birth weight (less than 4.5 pounds) → *RISK FACTOR*
- Needed oxygen for more than 4 days as a newborn → *RISK FACTOR*
- Hearing loss → *RISK FACTOR*
- Born before 30 weeks → *NON-URGENT CONCERN*
- Head or facial differences at birth (e.g., cleft lip/palate, craniosynostosis, etc.) → *NON-URGENT CONCERN*
- Exposure to infections before birth (e.g., CMV, syphilis, rubella, toxoplasmosis, etc.) → *NON-URGENT CONCERN*
- Meningitis or encephalitis → *NON-URGENT CONCERN*
- Exposure to drugs or alcohol before birth → *NON-URGENT CONCERN*
- Any syndrome or genetic disorder (e.g., Down syndrome, CHARGE syndrome, albinism, etc.) → *NON-URGENT CONCERN*
- Brain injury from lack of oxygen, stroke, trauma, etc. → *NON-URGENT CONCERN*
- Neurological conditions (e.g., cerebral palsy, seizure disorders, hydrocephalus, etc.) → *NON-URGENT CONCERN*

Child's Medical History – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Risk Factor Concerns Identified: Child is at higher risk for visual impairment.
<input type="checkbox"/>	Non-Urgent Concerns Identified: Refer to pediatric ophthalmologist or pediatric optometrist.

Objective Vision Testing

Objective tests should be adapted to the child's age and ability to control their head. Document if the child cannot participate and recommend rescreening at a follow-up meeting, such as an initial IFSP meeting or first provider visit. Check all that apply.

NON-URGENT CONCERN(S) IF "NO" TO ANY OF THE TESTS.

Fixation. Do both eyes fixate on an object at eye level placed in front of their nose for at least two seconds? <i>For children 3 months or older.</i>	No <input type="checkbox"/>	NU
Visual Tracking. Do both eyes smoothly follow a continuously moving target both horizontally and vertically? <i>For children 3 months or older.</i>	No <input type="checkbox"/>	NU
Pupillary Reflex. Do both pupils constrict quickly when exposed to a bright light, then become larger when the light is removed? <i>For children 6 months or older.</i>	No <input type="checkbox"/>	NU
Corneal Light Reflection. Does light reflect in both eyes in a symmetrical position near the center of the pupils? <i>For children 6 months or older.</i>	No <input type="checkbox"/>	NU

Objective Vision Testing – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Non-Urgent Concerns Identified: Refer to pediatric ophthalmologist or pediatric optometrist.
<input type="checkbox"/>	Unable to Test.

Appearance of Eyes and Eyelids

Please take a few moments to look at your child's eyes and eyelids. Do you notice any of the following. Check all that apply.

- Do one or both eyes appear white or cloudy?
→ **VERY URGENT CONCERN**
- Is there a difference in the black part (pupil) of one or both eyes in color, size, or shape?
→ **VERY URGENT CONCERN IF SIZE DIFFERENCE IS >1MM, OTHERWISE NON-URGENT CONCERN**
- Is there a difference in the colored part (iris) of one or both eyes in size or shape?
→ **VERY URGENT CONCERN IF SIZE DIFFERENCE IS >1MM, OTHERWISE NON-URGENT CONCERN**
- Do one or both eyes turn in, out, up, or down, either all the time or sometimes?
→ **VERY URGENT CONCERN IF THIS IS ABRUPT ONSET FOR A CHILD 2 TO 3 YEARS OLD, OTHERWISE NON-URGENT CONCERN**
- Do their eyes move on their own or move quickly (e.g., dancing or jiggling up and down or side to side)?
→ **VERY URGENT CONCERN IF THIS IS ABRUPT ONSET, OTHERWISE NON-URGENT CONCERN**
- Does one eye look different than the other (e.g., one eye is smaller or higher on the face)?
→ **URGENT CONCERN**
- Does one eyelid droop or look lower than the other?
→ **URGENT CONCERN IF THIS IS ABRUPT ONSET, OTHERWISE NON-URGENT CONCERN**
- Are their eyes red or have a lot of matter beyond the usual sleep matter or due to allergies?
→ **NON-URGENT CONCERN**
- Are their eyelids red, swollen, or crusty?
→ **NON-URGENT CONCERN**

If you checked any of the questions above, when did the caregiver first notice it? Did this happen suddenly? Please describe.

Appearance of Eyes and Eyelids – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Non-Urgent Concerns Identified: Refer to pediatric ophthalmologist.
<input type="checkbox"/>	Urgent Concerns Identified: Refer to pediatric ophthalmologist.
<input type="checkbox"/>	Very Urgent Concerns Identified: Refer to pediatric ophthalmologist.

Visual Behaviors

Your child's actions may indicate that something may not be right with their vision. Please think about how your child uses their vision during the day.

NON-URGENT CONCERN(S) IF "CHECK" IN ANY OF QUESTIONS #1 – 5, OR IF TWO OR MORE "CHECKS" ACROSS ALL QUESTIONS.

For children 1 to 3 months, answer question #1.

1. Does your child have trouble making eye contact with you for at least 3 seconds?

For children 3 to 12 months, answer the previous question, plus #2-13. Check all that apply.

2. When looking at something, does your child frequently tilt or turn their head, lift or lower their chin, or move their head forward or backward?
3. When looking at something, does your child always hold it very close to their eyes (within 1-4 inches)?
4. Does your child have trouble seeing small things like lint or a small piece of cereal?
5. When looking at something near or far, does your child frown, squint, or cover an eye?
6. When looking at something, does your child look over, under, or beside the person or object instead of looking straight at it?
7. Does your child prefer looking at overhead lights or windows instead of people or toys?
8. Does your child have trouble knowing who people are until they hear their voices?
9. Does your child recognize a familiar toy only after touching or hearing it?
10. Does your child only see an object when it's alone? I.e., they often can't find a specific toy among other objects.
11. Does your child notice people, pets, or objects only when they are moving?
12. Does your child frequently look away or turn their head when reaching for something nearby?
13. When reaching for something nearby, does your child reach past it or not far enough to get it?

For children 12 to 18 months, answer the previous questions, plus #14-16. Check all that apply.

14. Does your child have trouble noticing when the floor changes, like from tile to carpet?
15. Does your child often stumble over things, bump into objects, or have trouble seeing steps or curbs?
16. Does your child avoid looking at or pointing to pictures in books or on a screen?

For children 18 months or older, answer all questions. Check all that apply.

17. Does your child have difficulty finding small details in pictures (like pointing to a dog's nose)?

Visual Behaviors – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Non-Urgent Concerns Identified (one “yes” in any question #1-5): Refer to pediatric ophthalmologist.
<input type="checkbox"/>	Non-Urgent Concerns Identified (two or more “yes” across all questions): Refer to pediatric ophthalmologist.

Caregiver Concerns

Does caregiver have any concerns about their child’s vision that were not addressed in the earlier questions? If yes, please describe. → **NON-URGENT CONCERN**

Nothing

Caregiver Concerns – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Non-Urgent Concerns Identified: Refer to pediatric ophthalmologist, pediatric optometrist, or PCP.

Scoring Rubric©

Use the Scoring Rubric© to summarize vision screening results and determine recommended next steps, categorized by concern codes – Risk Factor (RF), Non-Urgent (NU), Urgent (U), and Very Urgent (VU). From the previous pages, place an “X” in the appropriate column for each section of the rubric to determine recommended next steps. This rubric recommends specific actions to be taken, ensuring a structured and effective follow-up process for each screening outcome.

Screening Component	No Concerns	Concerns Identified & Code	Recommended Next Steps
Family Vision History	<input type="checkbox"/>	RF <input type="checkbox"/>	Risk Factor concerns only. No referral necessary if no other concerns (NU, U, VU) are identified.
Child’s Medical History	<input type="checkbox"/>	RF <input type="checkbox"/>	Risk Factor concerns only. No referral necessary if no other concerns (NU, U, VU) are identified.
		NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric ophthalmologist or optometrist within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.
Objective Vision Testing	<input type="checkbox"/>	NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric ophthalmologist or optometrist within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.
Appearance of Eyes and Eyelids	<input type="checkbox"/>	NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric ophthalmologist or optometrist within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.
		U <input type="checkbox"/>	Recommend URGENT follow up with a pediatric ophthalmologist within 1 to 2 weeks. If the child is in early intervention, consider adding vision services.
		VU <input type="checkbox"/>	Recommend VERY URGENT follow up with a pediatric ophthalmologist within 24 to 28 hours. If the child is in early intervention, consider adding vision services.
Visual Behaviors any concern in questions #1-5, OR two or more concerns across all questions	<input type="checkbox"/>	NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric ophthalmologist within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.
		NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric ophthalmologist within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.
Caregiver Concerns	<input type="checkbox"/>	NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric

Screening Component	No Concerns	Concerns Identified & Code	Recommended Next Steps
			<p>ophthalmologist, optometrist, or the family’s primary care professional within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.</p> <p>Note: If caregiver has discussed their concerns with their doctor and is still unsatisfied, suggest caregiver discuss their concerns with an EI-TVI, either through their EIB or refer them directly to referrals@asharedvision.org for more information.</p>

Vision Screening Results (check one)

Summarize the vision screening concerns by prioritizing the most significant issues. If a “very urgent” concern is identified, it should be highlighted as the primary concern, followed by “urgent,” “non-urgent,” and “risk factor” concerns, respectively. Follow the recommendations from the Scoring Rubric©.

<input type="checkbox"/>	No observable vision problems. No further action is required at this time.
<input type="checkbox"/>	No observable vision problems; however, some risk factors are present.
<input type="checkbox"/>	Non-urgent vision concerns are observed. Recommend follow up within 4 to 5 weeks, if possible.
<input type="checkbox"/>	Urgent vision concerns are observed. Recommend follow up within 1 to 2 weeks.
<input type="checkbox"/>	Very urgent vision concerns are observed. Recommend follow up within 24 to 48 hours.

Recommended Follow Up From Scoring Rubric© (check all that apply based on type of concerns and urgency)

If an ophthalmologist is advised, strongly suggest that the family seeks vision care from an ophthalmologist, if feasible. If the recommendation includes either an ophthalmologist or optometrist, the family should consider factors such as convenience, personal preference, and location in making their choice. Similarly, if follow-up with any of an ophthalmologist, optometrist, or primary care professional is recommended, the choice should be guided by the family's specific circumstances and preferences.

In every instance, it's important for the family to inform their primary care professional about the vision screening results to ensure optimal care for their child and to secure a medical referral, if necessary.

Follow the recommendations from the Scoring Rubric©.

<input type="checkbox"/>	Pediatric ophthalmologist
<input type="checkbox"/>	Pediatric optometrist
<input type="checkbox"/>	Primary care professional



Vision Screening Parent Questionnaire© for Children Birth to Age Three

Provider's Copy

Below are the answers provided by the caregiver.

Caregivers are encouraged to talk to their primary care professional (PCP) for any concerns identified. The PCP might need to know about their concerns. Also, if their child needs to see a pediatric eye doctor, their PCP may need to provide them with a medical referral.

Caregivers are provided this **QR code to find a list of pediatric eye doctors**, as well as other helpful on A Shared Vision's website.



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Caregiver Responses to Parent Questionnaire©

Today's date

Child's first name

Caregiver's first name

Caregiver's email

Name of person providing answers if other than the primary caregiver (optional):

Eye Doctor Examination History

Has your child ever been examined by an eye doctor?

Yes No

If yes, when was the most recent exam (month, year)?

What were the results of the exam?

Did the doctor say your child needs glasses, an eye patch, or another treatment?

Yes No

Did the doctor prescribe any medications?

Yes No

If something was recommended, are you and your child able to follow the plan (such as wearing glasses or an eye patch)?

Yes Sometimes No

Did the eye doctor recommend a follow-up visit?

Yes No

If yes, when?

Note: If the caregiver or child are having difficulty following the treatment plan, encourage the caregiver to discuss these difficulties with their eye doctor.

Family Vision History (Parents and Siblings)

Is there a family history of eye crossing (strabismus) or vision loss due to eye crossing (amblyopia) in grandparents, parents, or siblings?

Yes No **IF YES, RISK FACTOR**

Did anyone in your family need prescription glasses before age 6 years?

Yes No **IF YES, RISK FACTOR**

Please describe any other family vision problems, such as being born with cataracts, glaucoma, or eye cancer:

Family Vision History (Parents and Siblings) – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Risk Factor (RF) Concerns Identified: Child is at higher risk for visual impairment.

Child's Medical History

Has your child been diagnosed with or affected by any of the following? Check all that apply.

- Low birth weight (less than 4.5 pounds) → **RISK FACTOR**
- Needed oxygen for more than 4 days as a newborn → **RISK FACTOR**
- Hearing loss → **RISK FACTOR**
- Born before 30 weeks → **NON-URGENT CONCERN**
- Head or facial differences at birth (e.g., cleft lip/palate, craniosynostosis, etc.) → **NON-URGENT CONCERN**
- Exposure to infections before birth (e.g., CMV, syphilis, rubella, toxoplasmosis, etc.) → **NON-URGENT CONCERN**
- Meningitis or encephalitis → **NON-URGENT CONCERN**
- Exposure to drugs or alcohol before birth → **NON-URGENT CONCERN**
- Any syndrome or genetic disorder (e.g., Down syndrome, CHARGE syndrome, albinism, etc.) → **NON-URGENT CONCERN**
- Brain injury from lack of oxygen, stroke, trauma, etc. → **NON-URGENT CONCERN**
- Neurological conditions (e.g., cerebral palsy, seizure disorders, hydrocephalus, etc.) → **NON-URGENT CONCERN**

Child's Medical History – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Risk Factor Concerns Identified: Child is at higher risk for visual impairment.
<input type="checkbox"/>	Non-Urgent Concerns Identified: Refer to pediatric ophthalmologist or pediatric optometrist.

Objective Vision Testing

Objective tests should be adapted to the child's age and ability to control their head. Document if the child cannot participate and recommend rescreening at a follow-up meeting, such as an initial IFSP meeting or first provider visit. Check all that apply.

NON-URGENT CONCERN(S) IF “NO” TO ANY OF THE TESTS.

Fixation. Do both eyes fixate on an object at eye level placed in front of their nose for at least two seconds? <i>For children 3 months or older.</i>	No <input type="checkbox"/>	NU
Visual Tracking. Do both eyes smoothly follow a continuously moving target both horizontally and vertically? <i>For children 3 months or older.</i>	No <input type="checkbox"/>	NU
Pupillary Reflex. Do both pupils constrict quickly when exposed to a bright light, then become larger when the light is removed? <i>For children 6 months or older.</i>	No <input type="checkbox"/>	NU
Corneal Light Reflection. Does light reflect in both eyes in a symmetrical position near the center of the pupils? <i>For children 6 months or older.</i>	No <input type="checkbox"/>	NU

Objective Vision Testing – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Non-Urgent Concerns Identified: Refer to pediatric ophthalmologist or pediatric optometrist.
<input type="checkbox"/>	Unable to Test.

Appearance of Eyes and Eyelids

Please take a few moments to look at your child's eyes and eyelids. Do you notice any of the following. Check all that apply.

- Do one or both eyes appear white or cloudy?
→ **VERY URGENT CONCERN**
- Is there a difference in the black part (pupil) of one or both eyes in color, size, or shape?
→ **VERY URGENT CONCERN IF SIZE DIFFERENCE IS >1MM, OTHERWISE NON-URGENT CONCERN**
- Is there a difference in the colored part (iris) of one or both eyes in size or shape?
→ **VERY URGENT CONCERN IF SIZE DIFFERENCE IS >1MM, OTHERWISE NON-URGENT CONCERN**
- Do one or both eyes turn in, out, up, or down, either all the time or sometimes?
→ **VERY URGENT CONCERN IF THIS IS ABRUPT ONSET FOR A CHILD 2 TO 3 YEARS OLD, OTHERWISE NON-URGENT CONCERN**
- Do their eyes move on their own or move quickly (e.g., dancing or jiggling up and down or side to side)?
→ **VERY URGENT CONCERN IF THIS IS ABRUPT ONSET, OTHERWISE NON-URGENT CONCERN**
- Does one eye look different than the other (e.g., one eye is smaller or higher on the face)?
→ **URGENT CONCERN**
- Does one eyelid droop or look lower than the other?
→ **URGENT CONCERN IF THIS IS ABRUPT ONSET, OTHERWISE NON-URGENT CONCERN**
- Are their eyes red or have a lot of matter beyond the usual sleep matter or due to allergies?
→ **NON-URGENT CONCERN**
- Are their eyelids red, swollen, or crusty?
→ **NON-URGENT CONCERN**

If you checked any of the questions above, when did the caregiver first notice it? Did this happen suddenly? Please describe.

This just started last week.

Appearance of Eyes and Eyelids – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Non-Urgent Concerns Identified: Refer to pediatric ophthalmologist.
<input type="checkbox"/>	Urgent Concerns Identified: Refer to pediatric ophthalmologist.
<input type="checkbox"/>	Very Urgent Concerns Identified: Refer to pediatric ophthalmologist.

Visual Behaviors

Your child's actions may indicate that something may not be right with their vision. Please think about how your child uses their vision during the day.

NON-URGENT CONCERN(S) IF "CHECK" IN ANY OF QUESTIONS #1 – 5, OR IF TWO OR MORE "CHECKS" ACROSS ALL QUESTIONS.

For children 1 to 3 months, answer question #1.

1. Does your child have trouble making eye contact with you for at least 3 seconds?

For children 3 to 12 months, answer the previous question, plus #2-13. Check all that apply.

2. When looking at something, does your child frequently tilt or turn their head, lift or lower their chin, or move their head forward or backward?
3. When looking at something, does your child always hold it very close to their eyes (within 1-4 inches)?
4. Does your child have trouble seeing small things like lint or a small piece of cereal?
5. When looking at something near or far, does your child frown, squint, or cover an eye?
6. When looking at something, does your child look over, under, or beside the person or object instead of looking straight at it?
7. Does your child prefer looking at overhead lights or windows instead of people or toys?
8. Does your child have trouble knowing who people are until they hear their voices?
9. Does your child recognize a familiar toy only after touching or hearing it?
10. Does your child only see an object when it's alone? I.e., they often can't find a specific toy among other objects.
11. Does your child notice people, pets, or objects only when they are moving?
12. Does your child frequently look away or turn their head when reaching for something nearby?
13. When reaching for something nearby, does your child reach past it or not far enough to get it?

For children 12 to 18 months, answer the previous questions, plus #14-16. Check all that apply.

14. Does your child have trouble noticing when the floor changes, like from tile to carpet?
15. Does your child often stumble over things, bump into objects, or have trouble seeing steps or curbs?
16. Does your child avoid looking at or pointing to pictures in books or on a screen?

For children 18 months or older, answer all questions. Check all that apply.

17. Does your child have difficulty finding small details in pictures (like pointing to a dog's nose)?

Visual Behaviors – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Non-Urgent Concerns Identified (one “yes” in any question #1-5): Refer to pediatric ophthalmologist.
<input type="checkbox"/>	Non-Urgent Concerns Identified (two or more “yes” across all questions): Refer to pediatric ophthalmologist.

Caregiver Concerns

Does caregiver have any concerns about their child’s vision that were not addressed in the earlier questions? If yes, please describe. → **NON-URGENT CONCERN**

Nothing

Caregiver Concerns – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Non-Urgent Concerns Identified: Refer to pediatric ophthalmologist, pediatric optometrist, or PCP.

Scoring Rubric©

Use the Scoring Rubric© to summarize vision screening results and determine recommended next steps, categorized by concern codes – Risk Factor (RF), Non-Urgent (NU), Urgent (U), and Very Urgent (VU). From the previous pages, place an “X” in the appropriate column for each section of the rubric to determine recommended next steps. This rubric recommends specific actions to be taken, ensuring a structured and effective follow-up process for each screening outcome.

Screening Component	No Concerns	Concerns Identified & Code	Recommended Next Steps
Family Vision History	<input type="checkbox"/>	RF <input type="checkbox"/>	Risk Factor concerns only. No referral necessary if no other concerns (NU, U, VU) are identified.
Child’s Medical History	<input type="checkbox"/>	RF <input type="checkbox"/>	Risk Factor concerns only. No referral necessary if no other concerns (NU, U, VU) are identified.
		NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric ophthalmologist or optometrist within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.
Objective Vision Testing	<input type="checkbox"/>	NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric ophthalmologist or optometrist within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.
Appearance of Eyes and Eyelids	<input type="checkbox"/>	NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric ophthalmologist or optometrist within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.
		U <input type="checkbox"/>	Recommend URGENT follow up with a pediatric ophthalmologist within 1 to 2 weeks. If the child is in early intervention, consider adding vision services.
		VU <input type="checkbox"/>	Recommend VERY URGENT follow up with a pediatric ophthalmologist within 24 to 28 hours. If the child is in early intervention, consider adding vision services.
Visual Behaviors any concern in questions #1-5, OR two or more concerns across all questions	<input type="checkbox"/>	NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric ophthalmologist within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.
		NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric ophthalmologist within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.
Caregiver Concerns	<input type="checkbox"/>	NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric

Screening Component	No Concerns	Concerns Identified & Code	Recommended Next Steps
			<p>ophthalmologist, optometrist, or the family’s primary care professional within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.</p> <p>Note: If caregiver has discussed their concerns with their doctor and is still unsatisfied, suggest caregiver discuss their concerns with an EI-TVI, either through their EIB or refer them directly to referrals@asharedvision.org for more information.</p>

Vision Screening Results (check one)

Summarize the vision screening concerns by prioritizing the most significant issues. If a “very urgent” concern is identified, it should be highlighted as the primary concern, followed by “urgent,” “non-urgent,” and “risk factor” concerns, respectively. Follow the recommendations from the Scoring Rubric©.

<input type="checkbox"/>	No observable vision problems. No further action is required at this time.
<input type="checkbox"/>	No observable vision problems; however, some risk factors are present.
<input type="checkbox"/>	Non-urgent vision concerns are observed. Recommend follow up within 4 to 5 weeks, if possible.
<input type="checkbox"/>	Urgent vision concerns are observed. Recommend follow up within 1 to 2 weeks.
<input type="checkbox"/>	Very urgent vision concerns are observed. Recommend follow up within 24 to 48 hours.

Recommended Follow Up From Scoring Rubric© (check all that apply based on type of concerns and urgency)

If an ophthalmologist is advised, strongly suggest that the family seeks vision care from an ophthalmologist, if feasible. If the recommendation includes either an ophthalmologist or optometrist, the family should consider factors such as convenience, personal preference, and location in making their choice. Similarly, if follow-up with any of an ophthalmologist, optometrist, or primary care professional is recommended, the choice should be guided by the family's specific circumstances and preferences.

In every instance, it's important for the family to inform their primary care professional about the vision screening results to ensure optimal care for their child and to secure a medical referral, if necessary.

Follow the recommendations from the Scoring Rubric©.

<input type="checkbox"/>	Pediatric ophthalmologist
<input type="checkbox"/>	Pediatric optometrist
<input type="checkbox"/>	Primary care professional



Vision Screening Parent Questionnaire© for Children Birth to Age Three

Provider's Copy

Below are the answers provided by the caregiver.

Caregivers are encouraged to talk to their primary care professional (PCP) for any concerns identified. The PCP might need to know about their concerns. Also, if their child needs to see a pediatric eye doctor, their PCP may need to provide them with a medical referral.

Caregivers are provided this **QR code to find a list of pediatric eye doctors**, as well as other helpful on A Shared Vision's website.



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Caregiver Responses to Parent Questionnaire©

Today's date

Child's first name

Caregiver's first name

Caregiver's email

Name of person providing answers if other than the primary caregiver (optional):

Eye Doctor Examination History

Has your child ever been examined by an eye doctor?

Yes No

If yes, when was the most recent exam (month, year)?

What were the results of the exam?

Did the doctor say your child needs glasses, an eye patch, or another treatment?

Yes No

Did the doctor prescribe any medications?

Yes No

If something was recommended, are you and your child able to follow the plan (such as wearing glasses or an eye patch)?

Yes Sometimes No

Did the eye doctor recommend a follow-up visit?

Yes No

If yes, when?

Note: If the caregiver or child are having difficulty following the treatment plan, encourage the caregiver to discuss these difficulties with their eye doctor.

Family Vision History (Parents and Siblings)

Is there a family history of eye crossing (strabismus) or vision loss due to eye crossing (amblyopia) in grandparents, parents, or siblings?

Yes No **IF YES, RISK FACTOR**

Did anyone in your family need prescription glasses before age 6 years?

Yes No **IF YES, RISK FACTOR**

Please describe any other family vision problems, such as being born with cataracts, glaucoma, or eye cancer:

Family Vision History (Parents and Siblings) – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Risk Factor (RF) Concerns Identified: Child is at higher risk for visual impairment.

Child's Medical History

Has your child been diagnosed with or affected by any of the following? Check all that apply.

- Low birth weight (less than 4.5 pounds) → **RISK FACTOR**
- Needed oxygen for more than 4 days as a newborn → **RISK FACTOR**
- Hearing loss → **RISK FACTOR**
- Born before 30 weeks → **NON-URGENT CONCERN**
- Head or facial differences at birth (e.g., cleft lip/palate, craniosynostosis, etc.) → **NON-URGENT CONCERN**
- Exposure to infections before birth (e.g., CMV, syphilis, rubella, toxoplasmosis, etc.) → **NON-URGENT CONCERN**
- Meningitis or encephalitis → **NON-URGENT CONCERN**
- Exposure to drugs or alcohol before birth → **NON-URGENT CONCERN**
- Any syndrome or genetic disorder (e.g., Down syndrome, CHARGE syndrome, albinism, etc.) → **NON-URGENT CONCERN**
- Brain injury from lack of oxygen, stroke, trauma, etc. → **NON-URGENT CONCERN**
- Neurological conditions (e.g., cerebral palsy, seizure disorders, hydrocephalus, etc.) → **NON-URGENT CONCERN**

Child's Medical History – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Risk Factor Concerns Identified: Child is at higher risk for visual impairment.
<input type="checkbox"/>	Non-Urgent Concerns Identified: Refer to pediatric ophthalmologist or pediatric optometrist.

Objective Vision Testing

Objective tests should be adapted to the child's age and ability to control their head. Document if the child cannot participate and recommend rescreening at a follow-up meeting, such as an initial IFSP meeting or first provider visit. Check all that apply.

NON-URGENT CONCERN(S) IF "NO" TO ANY OF THE TESTS.

Fixation. Do both eyes fixate on an object at eye level placed in front of their nose for at least two seconds? <i>For children 3 months or older.</i>	No <input type="checkbox"/>	NU
Visual Tracking. Do both eyes smoothly follow a continuously moving target both horizontally and vertically? <i>For children 3 months or older.</i>	No <input type="checkbox"/>	NU
Pupillary Reflex. Do both pupils constrict quickly when exposed to a bright light, then become larger when the light is removed? <i>For children 6 months or older.</i>	No <input type="checkbox"/>	NU
Corneal Light Reflection. Does light reflect in both eyes in a symmetrical position near the center of the pupils? <i>For children 6 months or older.</i>	No <input type="checkbox"/>	NU

Objective Vision Testing – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Non-Urgent Concerns Identified: Refer to pediatric ophthalmologist or pediatric optometrist.
<input type="checkbox"/>	Unable to Test.

Appearance of Eyes and Eyelids

Please take a few moments to look at your child's eyes and eyelids. Do you notice any of the following. Check all that apply.

- Do one or both eyes appear white or cloudy?
→ **VERY URGENT CONCERN**
- Is there a difference in the black part (pupil) of one or both eyes in color, size, or shape?
→ **VERY URGENT CONCERN IF SIZE DIFFERENCE IS >1MM, OTHERWISE NON-URGENT CONCERN**
- Is there a difference in the colored part (iris) of one or both eyes in size or shape?
→ **VERY URGENT CONCERN IF SIZE DIFFERENCE IS >1MM, OTHERWISE NON-URGENT CONCERN**
- Do one or both eyes turn in, out, up, or down, either all the time or sometimes?
→ **VERY URGENT CONCERN IF THIS IS ABRUPT ONSET FOR A CHILD 2 TO 3 YEARS OLD, OTHERWISE NON-URGENT CONCERN**
- Do their eyes move on their own or move quickly (e.g., dancing or jiggling up and down or side to side)?
→ **VERY URGENT CONCERN IF THIS IS ABRUPT ONSET, OTHERWISE NON-URGENT CONCERN**
- Does one eye look different than the other (e.g., one eye is smaller or higher on the face)?
→ **URGENT CONCERN**
- Does one eyelid droop or look lower than the other?
→ **URGENT CONCERN IF THIS IS ABRUPT ONSET, OTHERWISE NON-URGENT CONCERN**
- Are their eyes red or have a lot of matter beyond the usual sleep matter or due to allergies?
→ **NON-URGENT CONCERN**
- Are their eyelids red, swollen, or crusty?
→ **NON-URGENT CONCERN**

If you checked any of the questions above, when did the caregiver first notice it? Did this happen suddenly? Please describe.

Appearance of Eyes and Eyelids – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Non-Urgent Concerns Identified: Refer to pediatric ophthalmologist.
<input type="checkbox"/>	Urgent Concerns Identified: Refer to pediatric ophthalmologist.
<input type="checkbox"/>	Very Urgent Concerns Identified: Refer to pediatric ophthalmologist.

Visual Behaviors

Your child's actions may indicate that something may not be right with their vision. Please think about how your child uses their vision during the day.

NON-URGENT CONCERN(S) IF "CHECK" IN ANY OF QUESTIONS #1 – 5, OR IF TWO OR MORE "CHECKS" ACROSS ALL QUESTIONS.

For children 1 to 3 months, answer question #1.

1. Does your child have trouble making eye contact with you for at least 3 seconds?

For children 3 to 12 months, answer the previous question, plus #2-13. Check all that apply.

2. When looking at something, does your child frequently tilt or turn their head, lift or lower their chin, or move their head forward or backward?
3. When looking at something, does your child always hold it very close to their eyes (within 1-4 inches)?
4. Does your child have trouble seeing small things like lint or a small piece of cereal?
5. When looking at something near or far, does your child frown, squint, or cover an eye?
6. When looking at something, does your child look over, under, or beside the person or object instead of looking straight at it?
7. Does your child prefer looking at overhead lights or windows instead of people or toys?
8. Does your child have trouble knowing who people are until they hear their voices?
9. Does your child recognize a familiar toy only after touching or hearing it?
10. Does your child only see an object when it's alone? I.e., they often can't find a specific toy among other objects.
11. Does your child notice people, pets, or objects only when they are moving?
12. Does your child frequently look away or turn their head when reaching for something nearby?
13. When reaching for something nearby, does your child reach past it or not far enough to get it?

For children 12 to 18 months, answer the previous questions, plus #14-16. Check all that apply.

14. Does your child have trouble noticing when the floor changes, like from tile to carpet?
15. Does your child often stumble over things, bump into objects, or have trouble seeing steps or curbs?
16. Does your child avoid looking at or pointing to pictures in books or on a screen?

For children 18 months or older, answer all questions. Check all that apply.

17. Does your child have difficulty finding small details in pictures (like pointing to a dog's nose)?

Visual Behaviors – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Non-Urgent Concerns Identified (one “yes” in any question #1-5): Refer to pediatric ophthalmologist.
<input type="checkbox"/>	Non-Urgent Concerns Identified (two or more “yes” across all questions): Refer to pediatric ophthalmologist.

Caregiver Concerns

Does caregiver have any concerns about their child’s vision that were not addressed in the earlier questions? If yes, please describe. → **NON-URGENT CONCERN**

my child only looks very briefly at people that hold her, including me. Is there something wrong?

Caregiver Concerns – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Non-Urgent Concerns Identified: Refer to pediatric ophthalmologist, pediatric optometrist, or PCP.

Scoring Rubric©

Use the Scoring Rubric© to summarize vision screening results and determine recommended next steps, categorized by concern codes – Risk Factor (RF), Non-Urgent (NU), Urgent (U), and Very Urgent (VU). From the previous pages, place an “X” in the appropriate column for each section of the rubric to determine recommended next steps. This rubric recommends specific actions to be taken, ensuring a structured and effective follow-up process for each screening outcome.

Screening Component	No Concerns	Concerns Identified & Code	Recommended Next Steps
Family Vision History	<input type="checkbox"/>	RF <input type="checkbox"/>	Risk Factor concerns only. No referral necessary if no other concerns (NU, U, VU) are identified.
Child’s Medical History	<input type="checkbox"/>	RF <input type="checkbox"/>	Risk Factor concerns only. No referral necessary if no other concerns (NU, U, VU) are identified.
		NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric ophthalmologist or optometrist within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.
Objective Vision Testing	<input type="checkbox"/>	NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric ophthalmologist or optometrist within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.
Appearance of Eyes and Eyelids	<input type="checkbox"/>	NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric ophthalmologist or optometrist within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.
		U <input type="checkbox"/>	Recommend URGENT follow up with a pediatric ophthalmologist within 1 to 2 weeks. If the child is in early intervention, consider adding vision services.
		VU <input type="checkbox"/>	Recommend VERY URGENT follow up with a pediatric ophthalmologist within 24 to 28 hours. If the child is in early intervention, consider adding vision services.
Visual Behaviors any concern in questions #1-5, OR two or more concerns across all questions	<input type="checkbox"/>	NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric ophthalmologist within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.
		NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric ophthalmologist within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.
Caregiver Concerns	<input type="checkbox"/>	NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric

Screening Component	No Concerns	Concerns Identified & Code	Recommended Next Steps
			<p>ophthalmologist, optometrist, or the family’s primary care professional within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.</p> <p>Note: If caregiver has discussed their concerns with their doctor and is still unsatisfied, suggest caregiver discuss their concerns with an EI-TVI, either through their EIB or refer them directly to referrals@asharedvision.org for more information.</p>

Vision Screening Results (check one)

Summarize the vision screening concerns by prioritizing the most significant issues. If a “very urgent” concern is identified, it should be highlighted as the primary concern, followed by “urgent,” “non-urgent,” and “risk factor” concerns, respectively. Follow the recommendations from the Scoring Rubric©.

<input type="checkbox"/>	No observable vision problems. No further action is required at this time.
<input type="checkbox"/>	No observable vision problems; however, some risk factors are present.
<input type="checkbox"/>	Non-urgent vision concerns are observed. Recommend follow up within 4 to 5 weeks, if possible.
<input type="checkbox"/>	Urgent vision concerns are observed. Recommend follow up within 1 to 2 weeks.
<input type="checkbox"/>	Very urgent vision concerns are observed. Recommend follow up within 24 to 48 hours.

Recommended Follow Up From Scoring Rubric© (check all that apply based on type of concerns and urgency)

If an ophthalmologist is advised, strongly suggest that the family seeks vision care from an ophthalmologist, if feasible. If the recommendation includes either an ophthalmologist or optometrist, the family should consider factors such as convenience, personal preference, and location in making their choice. Similarly, if follow-up with any of an ophthalmologist, optometrist, or primary care professional is recommended, the choice should be guided by the family's specific circumstances and preferences.

In every instance, it's important for the family to inform their primary care professional about the vision screening results to ensure optimal care for their child and to secure a medical referral, if necessary.

Follow the recommendations from the Scoring Rubric©.

<input type="checkbox"/>	Pediatric ophthalmologist
<input type="checkbox"/>	Pediatric optometrist
<input type="checkbox"/>	Primary care professional



Vision Screening Parent Questionnaire© for Children Birth to Age Three

Provider's Copy

Below are the answers provided by the caregiver.

Caregivers are encouraged to talk to their primary care professional (PCP) for any concerns identified. The PCP might need to know about their concerns. Also, if their child needs to see a pediatric eye doctor, their PCP may need to provide them with a medical referral.

Caregivers are provided this **QR code to find a list of pediatric eye doctors**, as well as other helpful on A Shared Vision's website.



For Professional Use

A Shared Vision's Vision Screening Protocol©, including its questions, guidelines, and recommendations, is available to agencies, organizations, and individuals for their professional use. Users are responsible for correctly interpreting vision screening data, making suitable recommendations, and effectively communicating these to caregivers. All users accept full responsibility for the use of the Vision Screening Protocol© and agree to hold A Shared Vision harmless.

Caregiver Responses to Parent Questionnaire©

Today's date

Child's first name

Caregiver's first name

Caregiver's email

Name of person providing answers if other than the primary caregiver (optional):

Eye Doctor Examination History

Has your child ever been examined by an eye doctor?

Yes No

If yes, when was the most recent exam (month, year)?

What were the results of the exam?

Did the doctor say your child needs glasses, an eye patch, or another treatment?

Yes No

Did the doctor prescribe any medications?

Yes No

If something was recommended, are you and your child able to follow the plan (such as wearing glasses or an eye patch)?

Yes Sometimes No

Did the eye doctor recommend a follow-up visit?

Yes No

If yes, when?

Note: If the caregiver or child are having difficulty following the treatment plan, encourage the caregiver to discuss these difficulties with their eye doctor.

Family Vision History (Parents and Siblings)

Is there a family history of eye crossing (strabismus) or vision loss due to eye crossing (amblyopia) in grandparents, parents, or siblings?

Yes No **IF YES, RISK FACTOR**

Did anyone in your family need prescription glasses before age 6 years?

Yes No **IF YES, RISK FACTOR**

Please describe any other family vision problems, such as being born with cataracts, glaucoma, or eye cancer:

Family Vision History (Parents and Siblings) – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Risk Factor (RF) Concerns Identified: Child is at higher risk for visual impairment.

Child's Medical History

Has your child been diagnosed with or affected by any of the following? Check all that apply.

- Low birth weight (less than 4.5 pounds) → **RISK FACTOR**
- Needed oxygen for more than 4 days as a newborn → **RISK FACTOR**
- Hearing loss → **RISK FACTOR**
- Born before 30 weeks → **NON-URGENT CONCERN**
- Head or facial differences at birth (e.g., cleft lip/palate, craniosynostosis, etc.) → **NON-URGENT CONCERN**
- Exposure to infections before birth (e.g., CMV, syphilis, rubella, toxoplasmosis, etc.) → **NON-URGENT CONCERN**
- Meningitis or encephalitis → **NON-URGENT CONCERN**
- Exposure to drugs or alcohol before birth → **NON-URGENT CONCERN**
- Any syndrome or genetic disorder (e.g., Down syndrome, CHARGE syndrome, albinism, etc.) → **NON-URGENT CONCERN**
- Brain injury from lack of oxygen, stroke, trauma, etc. → **NON-URGENT CONCERN**
- Neurological conditions (e.g., cerebral palsy, seizure disorders, hydrocephalus, etc.) → **NON-URGENT CONCERN**

Child's Medical History – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Risk Factor Concerns Identified: Child is at higher risk for visual impairment.
<input type="checkbox"/>	Non-Urgent Concerns Identified: Refer to pediatric ophthalmologist or pediatric optometrist.

Objective Vision Testing

Objective tests should be adapted to the child's age and ability to control their head. Document if the child cannot participate and recommend rescreening at a follow-up meeting, such as an initial IFSP meeting or first provider visit. Check all that apply.

NON-URGENT CONCERN(S) IF "NO" TO ANY OF THE TESTS.

Fixation. Do both eyes fixate on an object at eye level placed in front of their nose for at least two seconds? <i>For children 3 months or older.</i>	No <input type="checkbox"/>	NU
Visual Tracking. Do both eyes smoothly follow a continuously moving target both horizontally and vertically? <i>For children 3 months or older.</i>	No <input type="checkbox"/>	NU
Pupillary Reflex. Do both pupils constrict quickly when exposed to a bright light, then become larger when the light is removed? <i>For children 6 months or older.</i>	No <input type="checkbox"/>	NU
Corneal Light Reflection. Does light reflect in both eyes in a symmetrical position near the center of the pupils? <i>For children 6 months or older.</i>	No <input type="checkbox"/>	NU

Objective Vision Testing – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Non-Urgent Concerns Identified: Refer to pediatric ophthalmologist or pediatric optometrist.
<input type="checkbox"/>	Unable to Test.

Appearance of Eyes and Eyelids

Please take a few moments to look at your child's eyes and eyelids. Do you notice any of the following. Check all that apply.

- Do one or both eyes appear white or cloudy?
→ **VERY URGENT CONCERN**
- Is there a difference in the black part (pupil) of one or both eyes in color, size, or shape?
→ **VERY URGENT CONCERN IF SIZE DIFFERENCE IS >1MM, OTHERWISE NON-URGENT CONCERN**
- Is there a difference in the colored part (iris) of one or both eyes in size or shape?
→ **VERY URGENT CONCERN IF SIZE DIFFERENCE IS >1MM, OTHERWISE NON-URGENT CONCERN**
- Do one or both eyes turn in, out, up, or down, either all the time or sometimes?
→ **VERY URGENT CONCERN IF THIS IS ABRUPT ONSET FOR A CHILD 2 TO 3 YEARS OLD, OTHERWISE NON-URGENT CONCERN**
- Do their eyes move on their own or move quickly (e.g., dancing or jiggling up and down or side to side)?
→ **VERY URGENT CONCERN IF THIS IS ABRUPT ONSET, OTHERWISE NON-URGENT CONCERN**
- Does one eye look different than the other (e.g., one eye is smaller or higher on the face)?
→ **URGENT CONCERN**
- Does one eyelid droop or look lower than the other?
→ **URGENT CONCERN IF THIS IS ABRUPT ONSET, OTHERWISE NON-URGENT CONCERN**
- Are their eyes red or have a lot of matter beyond the usual sleep matter or due to allergies?
→ **NON-URGENT CONCERN**
- Are their eyelids red, swollen, or crusty?
→ **NON-URGENT CONCERN**

If you checked any of the questions above, when did the caregiver first notice it? Did this happen suddenly? Please describe.

This has been going on for several months

Appearance of Eyes and Eyelids – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Non-Urgent Concerns Identified: Refer to pediatric ophthalmologist.
<input type="checkbox"/>	Urgent Concerns Identified: Refer to pediatric ophthalmologist.
<input type="checkbox"/>	Very Urgent Concerns Identified: Refer to pediatric ophthalmologist.

Visual Behaviors

Your child's actions may indicate that something may not be right with their vision. Please think about how your child uses their vision during the day.

NON-URGENT CONCERN(S) IF "CHECK" IN ANY OF QUESTIONS #1 – 5, OR IF TWO OR MORE "CHECKS" ACROSS ALL QUESTIONS.

For children 1 to 3 months, answer question #1.

1. Does your child have trouble making eye contact with you for at least 3 seconds?

For children 3 to 12 months, answer the previous question, plus #2-13. Check all that apply.

2. When looking at something, does your child frequently tilt or turn their head, lift or lower their chin, or move their head forward or backward?
3. When looking at something, does your child always hold it very close to their eyes (within 1-4 inches)?
4. Does your child have trouble seeing small things like lint or a small piece of cereal?
5. When looking at something near or far, does your child frown, squint, or cover an eye?
6. When looking at something, does your child look over, under, or beside the person or object instead of looking straight at it?
7. Does your child prefer looking at overhead lights or windows instead of people or toys?
8. Does your child have trouble knowing who people are until they hear their voices?
9. Does your child recognize a familiar toy only after touching or hearing it?
10. Does your child only see an object when it's alone? I.e., they often can't find a specific toy among other objects.
11. Does your child notice people, pets, or objects only when they are moving?
12. Does your child frequently look away or turn their head when reaching for something nearby?
13. When reaching for something nearby, does your child reach past it or not far enough to get it?

For children 12 to 18 months, answer the previous questions, plus #14-16. Check all that apply.

14. Does your child have trouble noticing when the floor changes, like from tile to carpet?
15. Does your child often stumble over things, bump into objects, or have trouble seeing steps or curbs?
16. Does your child avoid looking at or pointing to pictures in books or on a screen?

For children 18 months or older, answer all questions. Check all that apply.

17. Does your child have difficulty finding small details in pictures (like pointing to a dog's nose)?

Visual Behaviors – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Non-Urgent Concerns Identified (one “yes” in any question #1-5): Refer to pediatric ophthalmologist.
<input type="checkbox"/>	Non-Urgent Concerns Identified (two or more “yes” across all questions): Refer to pediatric ophthalmologist.

Caregiver Concerns

Does caregiver have any concerns about their child’s vision that were not addressed in the earlier questions? If yes, please describe. → **NON-URGENT CONCERN**

No concerns

Caregiver Concerns – Summary	
<input type="checkbox"/>	No Concerns.
<input type="checkbox"/>	Non-Urgent Concerns Identified: Refer to pediatric ophthalmologist, pediatric optometrist, or PCP.

Scoring Rubric©

Use the Scoring Rubric© to summarize vision screening results and determine recommended next steps, categorized by concern codes – Risk Factor (RF), Non-Urgent (NU), Urgent (U), and Very Urgent (VU). From the previous pages, place an “X” in the appropriate column for each section of the rubric to determine recommended next steps. This rubric recommends specific actions to be taken, ensuring a structured and effective follow-up process for each screening outcome.

Screening Component	No Concerns	Concerns Identified & Code	Recommended Next Steps
Family Vision History	<input type="checkbox"/>	RF <input type="checkbox"/>	Risk Factor concerns only. No referral necessary if no other concerns (NU, U, VU) are identified.
Child’s Medical History	<input type="checkbox"/>	RF <input type="checkbox"/>	Risk Factor concerns only. No referral necessary if no other concerns (NU, U, VU) are identified.
		NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric ophthalmologist or optometrist within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.
Objective Vision Testing	<input type="checkbox"/>	NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric ophthalmologist or optometrist within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.
Appearance of Eyes and Eyelids	<input type="checkbox"/>	NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric ophthalmologist or optometrist within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.
		U <input type="checkbox"/>	Recommend URGENT follow up with a pediatric ophthalmologist within 1 to 2 weeks. If the child is in early intervention, consider adding vision services.
		VU <input type="checkbox"/>	Recommend VERY URGENT follow up with a pediatric ophthalmologist within 24 to 28 hours. If the child is in early intervention, consider adding vision services.
Visual Behaviors any concern in questions #1-5, OR two or more concerns across all questions	<input type="checkbox"/>	NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric ophthalmologist within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.
		NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric ophthalmologist within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.
Caregiver Concerns	<input type="checkbox"/>	NU <input type="checkbox"/>	Recommend non-urgent follow up with a pediatric

Screening Component	No Concerns	Concerns Identified & Code	Recommended Next Steps
			<p>ophthalmologist, optometrist, or the family’s primary care professional within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.</p> <p>Note: If caregiver has discussed their concerns with their doctor and is still unsatisfied, suggest caregiver discuss their concerns with an EI-TVI, either through their EIB or refer them directly to referrals@asharedvision.org for more information.</p>

Vision Screening Results (check one)

Summarize the vision screening concerns by prioritizing the most significant issues. If a “very urgent” concern is identified, it should be highlighted as the primary concern, followed by “urgent,” “non-urgent,” and “risk factor” concerns, respectively. Follow the recommendations from the Scoring Rubric©.

<input type="checkbox"/>	No observable vision problems. No further action is required at this time.
<input type="checkbox"/>	No observable vision problems; however, some risk factors are present.
<input type="checkbox"/>	Non-urgent vision concerns are observed. Recommend follow up within 4 to 5 weeks, if possible.
<input type="checkbox"/>	Urgent vision concerns are observed. Recommend follow up within 1 to 2 weeks.
<input type="checkbox"/>	Very urgent vision concerns are observed. Recommend follow up within 24 to 48 hours.

Recommended Follow Up From Scoring Rubric© (check all that apply based on type of concerns and urgency)

If an ophthalmologist is advised, strongly suggest that the family seeks vision care from an ophthalmologist, if feasible. If the recommendation includes either an ophthalmologist or optometrist, the family should consider factors such as convenience, personal preference, and location in making their choice. Similarly, if follow-up with any of an ophthalmologist, optometrist, or primary care professional is recommended, the choice should be guided by the family's specific circumstances and preferences.

In every instance, it's important for the family to inform their primary care professional about the vision screening results to ensure optimal care for their child and to secure a medical referral, if necessary.

Follow the recommendations from the Scoring Rubric©.

<input type="checkbox"/>	Pediatric ophthalmologist
<input type="checkbox"/>	Pediatric optometrist
<input type="checkbox"/>	Primary care professional