



Vision Screening - Birth to Age 3

Vision Screening Parent Questionnaire

Scoring Guidance

updated June 2022

Child's Name:

Date:

INTRODUCTION

The screening process is designed to answer one simple question, **"Is there a vision concern that requires further examination by a pediatric eye doctor?"**

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

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

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

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

RECOMMENDED PROCESS

1.

Send or give "Parent Questionnaire" to caregivers to complete before meeting.

2.

Score "Parent Questionnaire" Clarify caregivers' responses, if needed.

3.

Fill out "Results and Next Steps for Caregivers." Give form to caregivers.

4.

Help caregivers understand telehealth vs. in-person visits with pediatric eye doctor.

5.

Provide other valuable information to caregivers.

7.

Request the eye doctor's report, if appropriate, and place in child's file. Place copy of completed "Parent Questionnaire" and "Next Steps" in file.

AS YOU'RE GETTING STARTED WITH THE VISION SCREENING PROCESS

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

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

If any of these circumstances exist, complete review of the questionnaire, and then instruct the caregivers to call a pediatric ophthalmologist within 1 to 2 days. The information gathered in the questionnaire will provide important documentation for the pediatric ophthalmologist and EI-TVI.

SCORING INSTRUCTIONS

Family Vision History (Parents and Siblings)

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

<input type="checkbox"/>	No Concerns
<input checked="" type="checkbox"/>	Concerns Identified: Child is at higher risk for visual impairment.

Child's Medical History

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

<input type="checkbox"/>	No Concerns
<input checked="" type="checkbox"/>	Concerns Identified: Child is at higher risk for visual impairment.

Eye Doctor Examination

This information is not scored. However, if an eye report is available, please request the form to add to the child's file.

Appearance of Eyes and Eyelids

If there are **one or more** positive responses ("yes"), select either Non-urgent or Urgent Concerns Identified.

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

Behaviors – automatic referral if “yes” answer to any of questions 1-5

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

<input type="checkbox"/>	No Concerns
<input type="checkbox"/>	Concerns Identified: Refer to pediatric ophthalmologist to discuss possible neurological visual impairment.

Behaviors – referral if two or more “yes” answers to questions 1-18

If there are **TWO or more** positive responses ("yes"), select Concerns Identified.

<input type="checkbox"/>	No Concerns: If one or no "yes" answers to questions 1 thru 18, then no concerns.
<input type="checkbox"/>	Concerns Identified: Refer to pediatric ophthalmologist if two or more "yes" answers to questions 1 thru 18 to discuss possible neurological visual impairment.

Caregiver Concerns

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

<input type="checkbox"/>	No Concerns
<input type="checkbox"/>	Concerns Identified: If child is enrolled in early intervention, then add vision services to IFSP for EI-TVI to discuss concerns with caregiver. Otherwise, refer family to pediatrician or other PCP doctor.

WRAP-UP

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



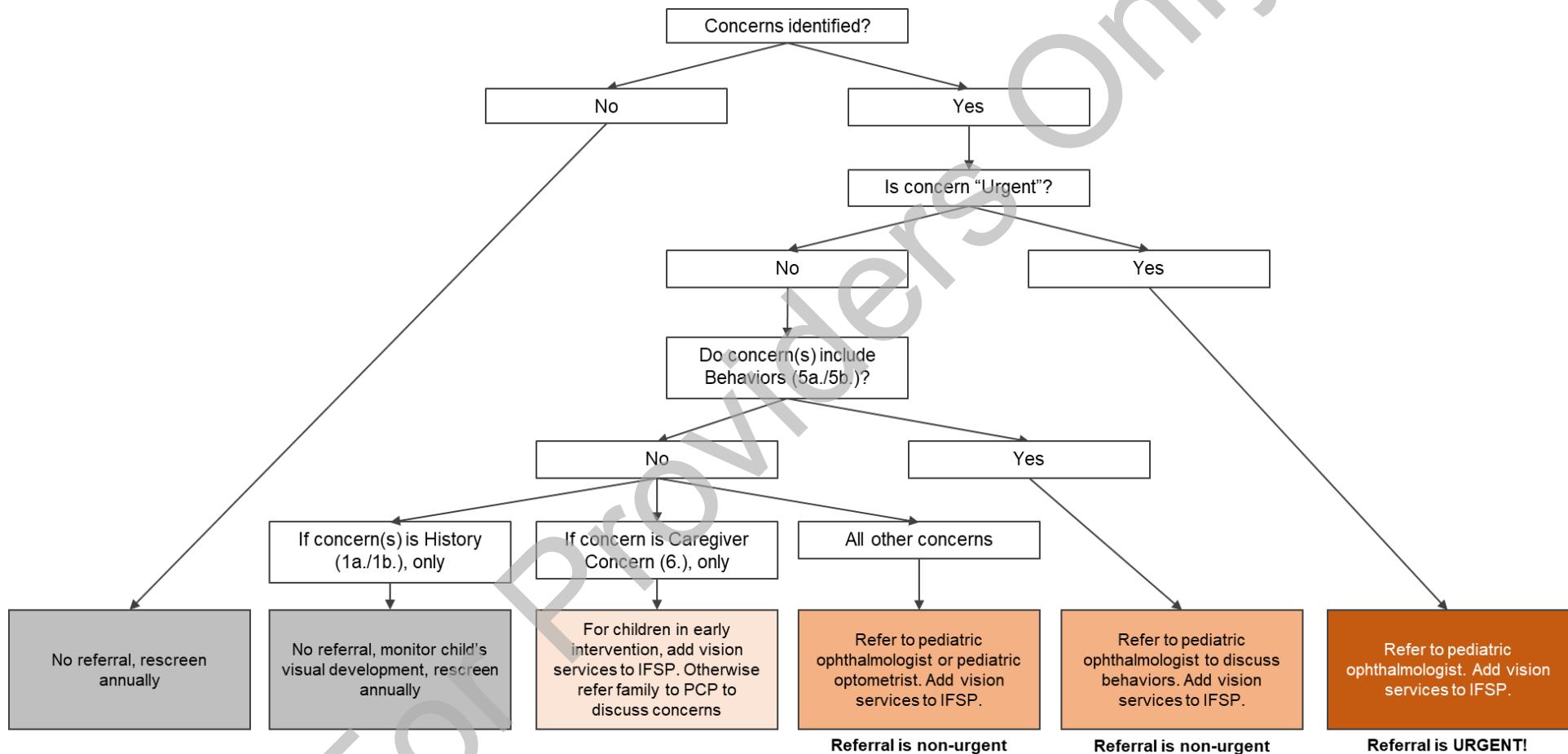
Vision Screening for Children Birth to Age Three Results Summary and Referral Recommendations Rubric

Place an "X" in the appropriate column for each section of the Vision Screening protocol to determine appropriate referral and next steps.

Screening Component	No Concerns	Concerns Identified	Referral Recommendation(s)
Family Vision History	<input type="checkbox"/>	<input type="checkbox"/>	
Child's Medical History	<input type="checkbox"/>	<input type="checkbox"/>	No referral – If no other concerns are identified, indicate "No observable vision problems. However some risk factors exist."
Appearance of Eyes and Eyelids (non-urgent)	<input type="checkbox"/>	<input type="checkbox"/>	Refer – non-urgent referral to pediatric ophthalmologist or optometrist. Add vision services to IFSP.
Appearance of Eyes and Eyelids (urgent)		<input type="checkbox"/>	Refer – URGENT referral to pediatric ophthalmologist. Add vision services to IFSP.
Behaviors (1-5)	<input type="checkbox"/>	<input type="checkbox"/>	Refer – non-urgent referral to pediatric ophthalmologist. Add vision services to IFSP.
Behaviors (two+ 1-18)	<input type="checkbox"/>	<input type="checkbox"/>	Refer – non-urgent referral to pediatric ophthalmologist. Add vision services to IFSP.
Caregiver Concerns	<input type="checkbox"/>	<input type="checkbox"/>	Refer – If child is enrolled in early intervention, then add vision services to IFSP for EI-TVI to discuss concerns with caregiver. Otherwise, refer family to pediatrician or other PCP doctor.
Fixation	<input type="checkbox"/>	<input type="checkbox"/>	Refer – non-urgent referral to pediatric ophthalmologist or optometrist. Add vision services to IFSP.
Visual Tracking	<input type="checkbox"/>	<input type="checkbox"/>	
Pupillary Reflex	<input type="checkbox"/>	<input type="checkbox"/>	
Corneal Light Reflection	<input type="checkbox"/>	<input type="checkbox"/>	
Instrument-based Screening	<input type="checkbox"/>	<input type="checkbox"/>	

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

Vision Screening Results Referral Recommendation Decision Tree



Referral Recommendations to Add Vision Services to IFSP

Tier 1: Children with blindness, a diagnosed visual impairment, or an “urgent” referral from the Vision Screener. These children often warrant a higher level of vision support.

An EI-TVI should be part of the initial evaluation/assessment or IFSP meeting to determine the (i) impact of the visual impairment on the child and caregivers; (ii) appropriate strategies to support identified goals, and (iii) frequency of vision services to be added to an IFSP.

Two (2) to four (4) visits per month should be considered for the IFSP based on the caregivers’ needs and identified goals. I.e., **12 to 24 visits during the period of the IFSP.**

Even for CCBs that leverage a primary provider model, these services should be added to the IFSP to provide opportunities for one-on-one visits with the caregivers/family AND collaboration and co-visits with the primary provider and caregivers.

Tier 2: Children with a suspected visual impairment, a vision concern, or a “non-urgent” referral from the Vision Screener.

Three (3) to six (6) total visits should be added to the IFSP with the understanding that more or fewer visits may be appropriate based on the needs and identified goals of the caregivers.

If ongoing services are not recommended, the EI-TVI should prepare a “Consultation Report” to document their observations and recommended vision-related strategies to help inform the family and other EI providers.

Contact Information for Pediatric Ophthalmologists and Optometrists

See list of pediatric eye doctors at <https://www.asharedvision.org/pediatric-eye-doctors-in-colorado.html>