Early Intervention COLORADO

Vision Screening Interview for Children Birth to Age Three: Evaluation Record and Results

Child's Name:		Child's DOB	
Caregiver's Name:		Today's Date:	
Community Centered Board:			
Contact Person:		Contact Person's Email:	

Section 1. Family History and Child's Medical History:

1a. Family Vision History (Parents and Siblings)

Is there family history of eye crossing (strabismus) or vision loss due to eye crossing (amblyopia)?	Yes ☐	No ☐
Did anyone in your family need prescription glasses before age 6 years?	Yes ☐	No ☐
Document any other family vision problems (e.g., retinoblastoma, born with cataracts or glaucoma, etc.).		

☐	No Concerns
☐	Concerns Identified: Child is at higher risk for visual impairment.

1b. Child's Medical History

Prematurity (i.e., born before 32 weeks).	Yes ☐	No ☐
Birth weight less than 4.5 pounds.	Yes ☐	No ☐
Needed oxygen more than 4 days as a newborn.	Yes ☐	No ☐
Hearing loss.	Yes ☐	No ☐
Head or facial differences at birth (e.g., cleft lip/palate, craniosynostosis, etc.).	Yes ☐	No ☐
Prenatal exposure to infections (e.g., CMV, syphilis, rubella, toxoplasmosis, etc.).	Yes ☐	No ☐
Meningitis or encephalitis.	Yes ☐	No ☐
Prenatal exposure to drugs or alcohol.	Yes ☐	No ☐
Any type of syndrome (e.g., Down Syndrome, CHARGE Syndrome, etc.).	Yes ☐	No ☐
Brain injury (e.g., lack of oxygen, stroke, accidental or non-accidental trauma, etc.).	Yes ☐	No ☐
Neurological conditions (e.g., cerebral palsy, seizure disorders, hydrocephalus, etc.).	Yes ☐	No ☐
Delayed Visual Maturation or Cortical/Cerebral Visual Impairment (CVI).	Yes ☐	No ☐

☐	No Concerns
☐	Concerns Identified: Child is at higher risk for visual impairment.

1c. Eye Doctor Examination

Has an eye doctor examined your child's eyes?	Yes ☐	No ☐
If yes, when was the most recent exam (month, year)?		
What were the results of the exam?		
Were eyeglasses or another treatment prescribed?	Yes ☐	No ☐
If the doctor prescribed eyeglasses, does your child wear them?	Yes ☐	No ☐
If child does not wear their glasses, what is the reason?		

Section 2. Objective Testing:

See separate document.

Section 3. Appearance of Eyes and Eyelids:

One eye looks different than the other eye. For example, one eye looks much smaller, or one eye is higher on the face than the other eye. **URGENT**	Yes ☐	No ☐
One or both eyes turn in, out, up, or down. This may happen all of the time or only some of the time. **URGENT, IF ABRUPT ONSET FOR CHILD 2-3 YEARS OLD**	Yes ☐	No ☐
There is a difference in the black color, size, or shape of the pupils in one or both eyes. The pupil is the dark black center of each eye. **URGENT, IF SIZE DIFFERENCE IS MORE THAN 1mm**	Yes ☐	No ☐
There is a difference in the size and shape of the iris in one or both eyes. The iris is the colored part of each eye. **URGENT, IF SIZE DIFFERENCE IS MORE THAN 1mm**	Yes ☐	No ☐
One or both eyes appear white or cloudy. **URGENT**	Yes ☐	No ☐
Eyes are in involuntary, rapid (dancing/ jiggling up and down or side to side) motion. **URGENT, IF ABRUPT ONSET**	Yes ☐	No ☐
Eye(s) are red and/or excessively mattered (beyond the usual sleep matter when the child first awakens or due to allergies).	Yes ☐	No ☐
Eyelids are red, swollen, and/or are encrusted.	Yes ☐	No ☐
An eyelid droops or appears lower than the other.	Yes ☐	No ☐

If you answered "yes" to any of the questions above, when did caregiver(s) first notice it? Did this happen suddenly? Please describe.

☐	No Concerns
☐	Non-urgent Concerns Identified: Refer to pediatric ophthalmologist, pediatric optometrist, or PCP.
☐	Urgent Concerns Identified: Refer to pediatric ophthalmologist.

Section 4. Behaviors:

4a. Behaviors – automatic referral if "yes" answer to any of questions 1-5

1. Has difficulty looking at and making eye contact with me for at least 3 seconds.	Yes ☐	No ☐

Answer the following statements for children three months or older

2. Tilts or turns their head to the side, lifts or lowers their chin, and/or thrusts their head forward or backward when looking at something at near or far range. Circle which behavior you notice.	Yes ☐	No ☐
3. Holds an object very close to their eyes (within 1-4 inches) when looking at it.	Yes ☐	No ☐
4. Has trouble seeing small objects such as a piece of lint, or a small piece of cereal left on a tray or table.	Yes ☐	No ☐
5. Frowns, squints, or covers an eye when looking at something at near or far distance.	Yes ☐	No ☐

☐	No Concerns
☐	Concerns Identified: Refer to pediatric ophthalmologist to discuss possible CVI.

4b. Behaviors – referral if two or more "yes" answers to questions 1-18

6. Appears to be looking over, under, or beside people or objects rather than looking straight at them.	Yes ☐	No ☐
7. Shows more interest in looking at overhead lights or windows than looking at people or toys.	Yes ☐	No ☐
8. Struggles to recognize familiar people before hearing their voices.	Yes ☐	No ☐
9. Recognizes a familiar toy only after touching or hearing it.	Yes ☐	No ☐
10. Only sees an object when it is separated from other items. For example, cannot find a specific toy when it is among other objects.	Yes ☐	No ☐
11. Notices people, pets, or objects only when they are moving.	Yes ☐	No ☐
12. Looks away when reaching toward a nearby object.	Yes ☐	No ☐
13. Reaches over or under something when they are trying to grasp it.	Yes ☐	No ☐

Answer the following statements for children who are 12 months or older

14. Has difficulty detecting a change in a floor surface, such as from tile to carpet.	Yes ☐	No ☐
15. Frequently stumbles over objects or bumps into things that are in their path. Hesitates or misses detecting a step or a curb.	Yes ☐	No ☐
16. Avoids looking at or pointing to pictures in books or on a screen.	Yes ☐	No ☐
17. Has a hard time finding small details in pictures (e.g., when asked to point to a dog's nose).	Yes ☐	No ☐
18. Has difficulty seeing or pointing to something over 20 feet away, such as a dog across the street, or airplane flying overhead.	Yes ☐	No ☐

☐	No Concerns: If one or no "yes" answers to questions 1 thru 18, then no concerns.
☐	Concerns Identified: If two or more "yes" answers to questions 1 thru 18. Refer to pediatric ophthalmologist,

Section 5. Caregiver Concerns:

Does caregiver(s) have any concerns about their child's vision that were not addressed in the earlier questions? If yes, please describe.

☐	No Concerns
☐	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.

To Be Completed by Vision Screening Professional – when was Parent Questionnaire completed?

☐ EI Evaluation ☐ IFSP (initial, annual, periodic review) ☐ Other

References:

Colorado Department of Education (2005). *Visual Screening Guidelines: Children Birth through Five Years.*

Teach CVI (2020). *Screening List for Children with a Suspicions of a Cerebral Visual Impairment (CVI) / Screen List CVI 1.* Click HERE for the document.

Topor, I. (2004). *Approximate functional visual acuity for different sizes of objects and distances*. Chapel Hill, NC: Early Intervention Training Center for Infants and Toddlers with Visual Impairments, FPG Child Development Institute, UNC-CH.