A Shared Vision
Partners in Pediatric Blindness & Visual Impairment

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:	
Organization:			
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: Recommend follow up with pediatric ophthalmologist or pediatric optometrist.
☐	Urgent Concerns Identified: Recommend follow up with 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: Recommend follow up with pediatric ophthalmologist or pediatric optometrist.

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, an airplane flying overhead.	Yes ☐	No ☐

☐	No Concerns: If one or no "yes" answers to questions 1 thru 18, then no concerns.
☐	Concerns Identified: Recommend follow up with pediatric ophthalmologist to discuss possible neurological visual impairment.

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, discuss vision services during IFSP meeting. Otherwise, recommend family follows up with a pediatrician or other PCP doctor.

WRAP-UP

1. Fill out the "Vision Screening Results & Recommended Next Steps for Caregivers" form.
2. Provide caregivers with a copy of the completed form and review action plan.
3. If a recommendation for follow up with an eye doctor is suggested and child has already been seen by an eye doctor, then request the eye doctor's report to place in the child's file.

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.