

## VISION SCREENING SCORING GUIDANCE (RUBRIC)

Child's Name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

Caregiver's Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

Vision Screening Components	No Concerns Identified (X)	Concerns Identified (X)	Concerns Identified? Then Referral Recommendation Is:
General History			<b>REFER</b> if any concerns in other sections are identified. Otherwise select "No observable vision problems" on form.
Appearance of Eyes & Eyelids			<b>REFER</b> to pediatric ophthalmologist/ optometrist and EI-TVI ( <b>note, referral may be urgent</b> )
Visual Behaviors			<b>REFER</b> to pediatric ophthalmologist/ optometrist and EI-TVI (note, referral is non-urgent)
Complaints			<b>REFER</b> if any positive statements to "Does your child" and indicate referral is to pediatric ophthalmologist/ optometrist and EI-TVI.  <b>REFER</b> to EI-TVI if no other concerns are identified in any other sections and caregiver still has vision concerns or questions.
Objective Testing			<b>REFER</b> to pediatric ophthalmologist/ optometrist and EI-TVI ( <b>note, referral may be urgent</b> )

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.