

## Vision Screening Scoring Guidance©

(updated January 2025)

Welcome to Scoring Guidance©, one of the key components of **A Shared Vision's** Vision Screening Protocol©. The guidance assists vision screening professionals in accurately interpreting test results for children from birth to age three, especially when these results are atypical. It includes a comprehensive rubric that helps you evaluate screening outcomes, enabling you to determine the appropriate follow-up actions or care based on each child's specific results. For additional support, including helpful pictures and videos, visit our website [HERE](#).

As a user of the Vision Screening Protocol©, you are responsible for accurately interpreting data, providing well-informed advice, and communicating effectively with caregivers.

### Vision Concern Codes

Starting in Section 3, the Scoring Guidance© categorizes concerns to aid in determining the urgency of follow-up care. Refer to the Scoring Rubric© for more information about the concern codes and their implications.

- **Risk Factor (RF)** concerns indicate a child is at a higher risk for low vision.
- **Non-Urgent (NU)** concerns may warrant a non-urgent follow-up with a pediatric eye doctor within 4 to 5 weeks, if possible.
- **Urgent (U)** concerns may warrant an urgent follow-up with a pediatric eye doctor within 1 to 2 weeks.
- **Very Urgent (VU)** concerns may warrant a very urgent follow-up with a pediatric eye doctor within 24 to 48 hours.

### Emergency Situations

Please be aware that **emergency situations require immediate action**. If a child presents with dilated pupils that do not respond to light, or if there is a recent eye injury, direct the caregiver to seek prompt medical attention from an urgent care facility or a pediatric eye specialist.

### Terms of Use Agreement

Before you begin, you must complete our training program to use the protocol. (We're trusting you!) You can register for the training [HERE](#). By using the Vision Screening Protocol©, and any of the components, you agree to our [Terms of Use Agreement](#). If you don't agree, please refrain from using the protocol.

### For Professional Use

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

### 1. Contact Information

Review the "Contact Information" provided by the caregiver. Although the caregiver's email address is an optional field, obtaining it is important as it enables the delivery of screening results directly to the caregiver. Please encourage them to provide this information. The cell phone number is optional and primarily for your use. Please note that protected health information (PHI) will not be transmitted via unencrypted emails to ensure confidentiality and compliance with privacy regulations.

Today's date:	Provider's name (first and last):
Child's first name:	Child's last name (PHI):
Child's date of birth (PHI):	
Caregiver's first name:	Caregiver's last name (PHI):
Caregiver's email (optional):	Caregiver's cell phone (optional):
Provider's name (optional):	Provider's email (optional):
Name of person providing answers if other than the primary caregiver (optional):	

### 2. Eye Doctor Examination

This section asks whether the child has had an evaluation by an eye care doctor, specifically an ophthalmologist or optometrist. Please note that examinations conducted by primary care professionals or non-specialist groups, such as the Lions Club, do not qualify as evaluations by an eye doctor.

Has your child ever been examined by an <b>eye doctor</b> ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If "No," please skip to Section 3, Family Vision History and Child's Medical History.

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 <input type="checkbox"/>	No <input type="checkbox"/>	
Did the doctor prescribe any medications?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If something was recommended, are you and your child able to follow the plan (such as wearing glasses or an eye patch)?	Yes <input type="checkbox"/>	Sometimes <input type="checkbox"/>	No <input type="checkbox"/>
Did the eye doctor recommend a follow-up visit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, when?	Month/ year:		

Note: If a child and caregiver have difficulty following their treatment plan, the caregiver should discuss these difficulties with their eye doctor.

### 3. Family Vision History & Child’s Medical History

#### 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?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	RF
Did anyone in your family need prescription glasses before age 6 years?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	RF
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 checked="" type="checkbox"/>	Risk Factor (RF) Concerns Identified: Child is at higher risk for visual impairment.

#### Child’s Medical History

Has the child been diagnosed with or affected by any of the following? Caregiver should check all that apply.

Low birth weight (less than 4.5 pounds)	Yes <input type="checkbox"/>	RF
Needed oxygen for more than 4 days as a newborn	Yes <input type="checkbox"/>	RF
Hearing loss	Yes <input type="checkbox"/>	RF
Born before 30 weeks	Yes <input type="checkbox"/>	NU
Head or facial differences at birth (e.g., cleft lip/palate, craniosynostosis, etc.)	Yes <input type="checkbox"/>	NU
Exposure to infections before birth (e.g., CMV, syphilis, rubella, toxoplasmosis, etc.)	Yes <input type="checkbox"/>	NU
Meningitis or encephalitis	Yes <input type="checkbox"/>	NU
Exposure to drugs or alcohol before birth	Yes <input type="checkbox"/>	NU
Any syndrome or genetic disorder (e.g., Down syndrome, CHARGE syndrome, albinism, etc.)	Yes <input type="checkbox"/>	NU
Brain injury from lack of oxygen, stroke, trauma, etc.	Yes <input type="checkbox"/>	NU
Neurological conditions (e.g., cerebral palsy, seizure disorders, hydrocephalus, etc.)	Yes <input type="checkbox"/>	NU
Delayed Visual Maturation	Yes <input type="checkbox"/>	NU

Child’s Medical History – Summary	
<input type="checkbox"/>	No Concerns.
<input checked="" 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.

### 4. 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.

<b>Fixation.</b> 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
<b>Visual Tracking.</b> 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
<b>Pupillary Reflex.</b> 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
<b>Corneal Light Reflection.</b> 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.

### 5. Appearance of Eyes and Eyelids

Look at the child's eyes and eyelids. Do you notice any of the following? Check all that apply. Ask the caregiver when they first noticed any concerns.

Do one or both eyes appear white or cloudy?	Yes <input type="checkbox"/>	VU	
Is there a difference in the black part (pupil) of one or both eyes in color, size, or shape? <i>This is very urgent if the size difference is more than 1 mm.</i>	Yes <input type="checkbox"/>	VU	NU
Is there a difference in the colored part (iris) of one or both eyes in size or shape? <i>This is very urgent if the size difference is more than 1 mm.</i>	Yes <input type="checkbox"/>	VU	NU
Do one or both eyes turn in, out, up, or down, either all the time or sometimes? <i>This is very urgent if this is an abrupt onset for a child 2 to 3 years old.</i>	Yes <input type="checkbox"/>	VU	NU
Do their eyes move on their own or move quickly (e.g., dancing or jiggling up and down or side to side)? <i>This is very urgent if abrupt onset.</i>	Yes <input type="checkbox"/>	VU	NU
Does one eye look different than the other (e.g., one eye is smaller or higher on the face)?	Yes <input type="checkbox"/>	U	
Does one eyelid droop or look lower than the other? <i>This is urgent if abrupt onset.</i>	Yes <input type="checkbox"/>	U	NU
Are their eyes red or have a lot of matter beyond the usual sleep matter or due to allergies?	Yes <input type="checkbox"/>	NU	
Are their eyelids red, swollen, or crusty?	Yes <input type="checkbox"/>	NU	
If you answered "yes" to any of these questions, when did you 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.

## 6. Visual Behaviors

Review the child's visual behaviors, which can indicate vision concerns. Questions are divided by age groups: 1 to 3 months, 3 to 12 months, 12 to 18 months, and 18+ months. Do you or the caregiver notice any of the following? Check all that apply.

<b>For children 1 to 3 months, answer question #1 only</b>		
1. Does your child have trouble making eye contact with you for at least 3 seconds?	Yes <input type="checkbox"/>	NU
<b>For children 3 to 12 months, answer the previous question, plus #2-13</b>		
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?	Yes <input type="checkbox"/>	NU
3. When looking at something, does your child always hold it very close to their eyes (within 1-4 inches)?	Yes <input type="checkbox"/>	NU
4. Does your child have trouble seeing small things like lint or a small piece of cereal?	Yes <input type="checkbox"/>	NU
5. When looking at something near or far, does your child frown, squint, or cover an eye?	Yes <input type="checkbox"/>	NU
6. When looking at something, does your child look over, under, or beside the person or object instead of looking straight at it?	Yes <input type="checkbox"/>	NU
7. Does your child prefer looking at overhead lights or windows instead of people or toys?	Yes <input type="checkbox"/>	NU
8. Does your child have trouble knowing who people are until they hear their voices?	Yes <input type="checkbox"/>	NU
9. Does your child recognize a familiar toy only after touching or hearing it?	Yes <input type="checkbox"/>	NU
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.	Yes <input type="checkbox"/>	NU
11. Does your child notice people, pets, or objects only when they are moving?	Yes <input type="checkbox"/>	NU
12. Does your child frequently look away or turn their head when reaching for something nearby?	Yes <input type="checkbox"/>	NU
13. When reaching for something nearby, does your child reach past it or not far enough to get it?	Yes <input type="checkbox"/>	NU
<b>For children 12 to 18 months, answer the previous questions, plus #14-16</b>		
14. Does your child have trouble noticing when the floor changes, like from tile to carpet?	Yes <input type="checkbox"/>	NU
15. Does your child often stumble over things, bump into objects, or have trouble seeing steps or curbs?	Yes <input type="checkbox"/>	NU

16. Does your child avoid looking at or pointing to pictures in books or on a screen?	Yes <input type="checkbox"/>	NU
<i>For children 18 months or older, answer all questions</i>		
17. Does your child have difficulty finding small details in pictures (like pointing to a dog's nose)?	Yes <input type="checkbox"/>	NU

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.

### 7. Caregiver Concerns

Does the caregiver has any additional concerns about their child's vision not covered in earlier questions?

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

### 8. Scoring Rubric©

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

Screening Component	No Concerns	Concerns Identified & Code	Recommended Next Steps
Family Vision History	<input type="checkbox"/>	RF <input type="checkbox"/>	<b>Risk Factor</b> 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"/>	<b>Risk Factor</b> concerns only. No referral necessary if no other concerns (NU, U, VU) are identified.
		NU <input type="checkbox"/>	<b>Recommend non-urgent</b> follow up with a pediatric <b>ophthalmologist or optometrist</b> within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.

Screening Component	No Concerns	Concerns Identified & Code	Recommended Next Steps
<b>Objective Vision Testing</b>	<input type="checkbox"/>	<b>NU</b> <input type="checkbox"/>	<b>Recommend non-urgent</b> follow up with a pediatric <b>ophthalmologist or optometrist</b> within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.
<b>Appearance of Eyes and Eyelids</b>	<input type="checkbox"/>	<b>NU</b> <input type="checkbox"/>	<b>Recommend non-urgent</b> follow up with a pediatric <b>ophthalmologist or optometrist</b> within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.
		<b>U</b> <input type="checkbox"/>	<b>Recommend URGENT</b> follow up with a pediatric <b>ophthalmologist</b> within 1 to 2 weeks. If the child is in early intervention, consider adding vision services.
		<b>VU</b> <input type="checkbox"/>	<b>Recommend VERY URGENT</b> follow up with a pediatric <b>ophthalmologist</b> within 24 to 48 hours. If the child is in early intervention, consider adding vision services.
<b>Behaviors</b> any concern in questions #1-5, <b>OR</b>  two or more concerns across all questions	<input type="checkbox"/>	<b>NU</b> <input type="checkbox"/>	<b>Recommend non-urgent</b> follow up with a pediatric <b>ophthalmologist</b> within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.
		<b>NU</b> <input type="checkbox"/>	<b>Recommend non-urgent</b> follow up with a pediatric <b>ophthalmologist</b> within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.
<b>Caregiver Concerns</b>	<input type="checkbox"/>	<b>NU</b> <input type="checkbox"/>	<b>Recommend non-urgent</b> follow up with a pediatric <b>ophthalmologist, optometrist, or the family’s primary care professional</b> within 4 to 5 weeks, if possible. If the child is in early intervention, consider adding vision services.  Note: If caregiver has discussed their concerns with their doctor and is still unsatisfied, suggest caregiver discuss their concerns with an EI-TVVI, either through their EIB or refer them directly to <a href="mailto:referrals@asharedvision.org">referrals@asharedvision.org</a> for more information.

**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"/>	<b>No observable vision problems.</b> No further action is required at this time. Recommend annual rescreening or sooner if concerns arise.
<input type="checkbox"/>	<b>No observable vision problems; however, some risk factors are present.</b> Recommend caregivers review Colorado Department of Education’s “ <a href="#">Visual Development Guidelines</a> ” and schedule annual re-screenings. If concerns arise, caregivers should contact a pediatric eye doctor.
<input type="checkbox"/>	<b>Non-urgent vision concerns are observed.</b> Recommend follow up within 4 to 5 weeks, if possible.
<input type="checkbox"/>	<b>Urgent vision concerns are observed.</b> Recommend follow up within 1 to 2 weeks.
<input type="checkbox"/>	<b>Very urgent vision concerns are observed.</b> 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

## 9. Vision Screening Results & Recommended Next Steps for Caregivers

After summarizing the recommendations from the Scoring Rubric©, document and discuss the outcomes of the vision screening process. Clearly outline next steps, emphasize the urgency of follow-up care when needed, and ensure caregivers fully understand how to proceed.

### Process

- Enter information into the "[Vision Screening Results & Recommended Next Steps for Caregivers©](#)" form to record all pertinent screening data and follow-up recommendations.
- Caregivers will receive a PDF of the form which includes a QR code so they may access the list of pediatric eye doctors in Colorado, if needed. They may save the document and share it with their doctor.
- An email will also be sent to the vision screening professional who completed the form.
- All responses are stored securely on the HIPAA-compliant cloud-based platform.

### Vision Screening Results

Select the appropriate vision screening result:

- **No observable vision problems.** Annual rescreening or sooner if concerns arise.
- **No observable vision problems. However, risk factors are present.** Caregivers are advised to review Colorado Department of Education's "[Visual Development Guidelines](#)" and schedule annual re-screenings. If concerns arise, caregivers should contact a pediatric eye doctor.
- **Observed vision concerns.** Follow-ups with a pediatric ophthalmologist or optometrist are recommended based on urgency.

### Detailed Guidance If Vision Concerns Are Observed

Use simple language to explain specific vision concerns, ensuring caregivers understand the need for a follow-up visit. Highlight the need for prompt follow-up care and address any concerns they may have to ensure the caregivers understand the importance of the next steps.

## Urgency and Timeframe

Prioritize the most significant concerns and clearly indicate the timeframe and type of eye doctor the caregivers should schedule a follow-up meeting with. 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.

- If a **non-urgent** concern is the most significant, then recommend follow-up within 4 to 5 weeks, if possible.
- If an **urgent** concern is the most significant, recommend follow-up within 1 to 2 weeks.
- If any **very urgent** concern is identified, it should be highlighted as the primary concern and recommend follow-up within 24 to 48 hours.

## Pediatric Eye Doctor Referral

If follow-up with an eye doctor is recommended, help caregivers find [contact information for pediatric eye doctors](#) in their community. In every instance, encourage 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.

If an ophthalmologist is advised, strongly suggest that the family seek 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.

Consider if the child is already seeing a pediatric eye doctor and consider **regional differences regarding the availability of doctors and their preferences for follow-up** with an ophthalmologist, optometrist, or primary care professional. This tailored approach helps in making informed decisions based on specific regional healthcare services and individual needs.

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.

## Early Intervention Teacher of the Visually Impaired

Additionally, for children receiving early intervention services, adding an Early Intervention Teacher of the Visually Impaired (EI-TV) to the care team is encouraged to assist with coordinating and attending eye appointments and providing ongoing support and strategies that benefit the child and their family.

If the child is not in early intervention and the caregiver has non-urgent concerns, suggest the caregiver discuss their concerns with an EI-TV by referring them to [referrals@asharedvision.org](mailto:referrals@asharedvision.org).