School Vision Screening Form

IDENTIFYING INFORMATION	REASON FOR SCREENING
STUDENT NAME –	OTEACHER REFERRAL 0 ROUTINE SCREENING
GRADE	TODAYS DATE
SCHOOL YEAR	

OBSERVATIONS

APPEARANCE	BEHAVIOR	COMPLAINTS
o RED EYES	o BLINKING	o CAN'T SEE BLACKBOARD
o GRANULATED LIDS	o WATERING EYES	o PRINT BLURS
o STYES	o SENSITIVE TO LIGHT	o DOUBLE VISION
o DISCHARGE	o RUB EYES	o HEADACHE
o SWELLING ABOUT EYES	o EXCESSIVE FROWNING	o NAUSEA
o HEAD TILT	o IRRITABILITY WHEN USING EYES	o DIZZINESS
o DROOPY LIDS	o SQUINTS OR SQUEEZES LIDS	o OTHER
o EYES OUT OF LINE	o HOLDS BOOK VERY CLOSE	
o STUMBLES, TRIPS OVER SMALL OBJECTS	o OTHER	

SCREENING DATE --

0 WEARING GLASSES	0 GLASSES BROKEN/LOST	0 GLASSES AT HOME	0 DOES NOT WEAR GLASSES
DISTANCE ACUITY	RIGHT 20 /	LEFT 20 /	CHART USED
NEAR ACUITY	RIGHT 20 /	LEFT 20 /	CHART USED
BINOCULARITY	TYPE OF TEST		0 PASS 0 FAIL

RE-SCREENING DATE --

0 WEARING GLASSES	0 GLASSES BROKEN/LOST	0 GLASSES AT HOME	0 DOES NOT WEAR GLASSES
DISTANCE ACUITY	RIGHT 20 /	LEFT 20 /	CHART USED
NEAR ACUITY	RIGHT 20 /	LEFT 20 /	CHART USED
BINOCULARITY	TYPE OF TEST		O PASS O FAIL

PASS O **REFER** O **DATE OF REFERRAL** **DATE EYE EXAM REPORT RECEIVED**

If unable to complete vision screening, please conduct a functional vision assessment.

DISTRIBUTION.SCHOOL TO RETAIN INFILE

SCHOOL FUNCTIONAL VISION ASSESSMENT FORM

IDENTIFYING INFORMATION	**REASON FOR ASSESSMENT**
STUDENT NAME	OTEACHER REFERRAL 0 ROUTINE SCREENING
GRADE	TODAYS DATE
SCHOOL YEAR I REASON FOR FUNCTIONAL SCREENING	

OBSERVATIONS		
PUPILLARY REACTION	O YES	O NO
FIXATES ON 4" OBJECT AT 12-18 INCHES	O YES	O NO
FIXATES ON 4" OBJECT AT 10 FEET	O YES	O NO
CONVERGES	O YES	O NO
SHIFTS GAZE	O YES	O NO
REACHES ON VISUAL CUE	O YES	O NO
TRACKS LIGHT HORIZONTALLY	O YES	O NO
TRACKS LIGHT VERTICALLY	O YES	O NO
TRACKS OBJECT HORIZONTALLY	O YES	O NO
TRACKS OBJECT VERTICALLY	O YES	O NO
PERIPHERAL AWARENESS		
RIGHT EYE	O YES	O NO
LEFT EYE	O YES	O NO

COMMENTS:

PICKS UP OR TRACKS OBJECT LESS THAN 1" IN SIZE (LIST RESULTS BELOW):		
OBJECT	O YES	O NO
EYE PREFERENCE	O RIGHT O LEFT	O NONE

PASS O **REFER** O **DATE OF REFERRAL** **DATE EYE EXAM REPORT RECEIVED**

DISTRIBUTION. SCHOOL TO RETAIN IN FILE