



Vision Screening - Birth to Age Three Vision Screening Parent Questionnaire (Updated 2022) Scoring Guidance

Child's Name:		DOB:	
Evaluator Name:		Today's Date:	

INTRODUCTION

The screening process is designed to answer one simple question, **“Is there a vision concern that requires further examination by a pediatric eye doctor?”**

The information collected in the Vision Screening Parent Questionnaire is important in helping to identify children who may require further evaluation. Screeners are looking for both ocular and neurological indications of vision concerns. The questionnaire is not intended to diagnose medical conditions. It is not a comprehensive assessment or a guide for educational programming.

The questionnaire and scoring should take about 10 minutes to complete by a qualified, experienced professional.

Successful completion of vision screening training is required before using this “Vision Screening Parent Questionnaire – Scoring Guidance.” Contact A Shared Vision for training or support.

Note, if a child is currently receiving early intervention vision services from an Early Intervention Teacher of the Visually Impaired (EI-TV), then you do not need to complete this screening process.

RECOMMENDED PROCESS

1.	2.	3.	4.	5.	6.	7.
Send or give “Parent Questionnaire” to caregivers to complete before meeting.	Score “Parent Questionnaire” Clarify caregivers’ responses, if needed.	Fill out “Results and Next Steps for Caregivers.” Give form to caregivers.	Help caregivers understand telehealth vs. in-person visits with pediatric eye doctor.	Provide other valuable information to caregivers.	Request the eye doctor’s report, if appropriate, and place in child’s file.	Place copy of completed “Parent Questionnaire” and “Next Steps” in file.

AS YOU'RE GETTING STARTED WITH THE VISION SCREENING PROCESS

Under certain circumstances an **urgent** recommendation for follow up with a pediatric ophthalmologist is highly recommended. These include:

- One eye looks different than the other eye (e.g., one eye is significantly smaller in appearance, or one eye is higher on the face than the other eye).
- One or both eyes turn inward or outward. This can happen all of the time or only some of the time. **This is urgent if abrupt onset for a child 2-3 years old.**
- There is a difference in the black color, size, or shape of the pupils in one or both eyes. **This is urgent if the size of the unequal pupil is more than one millimeter.**
- There is a difference in the size or shape of the iris in one or both eyes. **This is urgent if the size of the unequal iris is more than one millimeter.**
- One or both eyes appear cloudy or white.
- Eye movement is involuntary, with rapid motion (dancing/ jiggling up and down or side to side). **This is urgent if abrupt onset.**

If any of these circumstances exist, complete review of the questionnaire, and then instruct the caregivers to call a pediatric ophthalmologist within 1 to 2 days. The information gathered in the questionnaire will provide important documentation for the pediatric eye doctor and EI-TVI.

SCORING INSTRUCTIONS

Family Vision History (Parents and Siblings)

If there are **one or more** positive responses ("yes"), select Concerns Identified.

<input type="checkbox"/>	No Concerns
<input type="checkbox"/>	Concerns Identified: Child is at higher risk for visual impairment.

Child's Medical History

If there are **one or more** positive responses ("yes"), select Concerns Identified.

<input type="checkbox"/>	No Concerns
<input type="checkbox"/>	Concerns Identified: Child is at higher risk for visual impairment.

Eye Doctor Examination

This information is not scored. However, if an eye report is available, please request the form to add to the child's file.

Appearance of Eyes and Eyelids

If there are **one or more** positive responses (“yes”), select either Non-Urgent or Urgent Concerns Identified.

<input type="checkbox"/>	No Concerns
<input type="checkbox"/>	Non-Urgent Concerns Identified: Recommend follow up with pediatric ophthalmologist or pediatric optometrist.
<input type="checkbox"/>	Urgent Concerns Identified: Recommend follow up with pediatric ophthalmologist.

Objective Test

If there are **one or more** positive responses (“yes”), select Concerns Identified.

<input type="checkbox"/>	No Concerns
<input type="checkbox"/>	Concerns: Recommend follow up with pediatric ophthalmologist or pediatric optometrist.

Behaviors – automatic referral if “yes” answer to any of questions 1-5

If there are **one or more** positive responses (“yes”), select Concerns Identified.

<input type="checkbox"/>	No Concerns
<input type="checkbox"/>	Concerns Identified: Recommend follow up with pediatric ophthalmologist to discuss possible neurological visual impairment.

Behaviors – referral if two or more “yes” answers to questions 1-18

If there are **TWO or more** positive responses (“yes”), select Concerns Identified.

<input type="checkbox"/>	No Concerns: If one or no “yes” answers to questions 1 thru 18, then no concerns.
<input type="checkbox"/>	Concerns Identified: Recommend follow up with pediatric ophthalmologist if two or more “yes” answers to questions 1 - 18 to discuss possible neurological visual impairment.

Caregiver Concerns

If there are **one or more** positive responses (“yes”), select Concerns Identified.

<input type="checkbox"/>	No Concerns
<input type="checkbox"/>	Concerns Identified: If child is enrolled in early intervention, then discuss vision services during IFSP meeting. Otherwise, recommend family follow 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 been seen by an eye doctor, then request the eye doctor’s report to place in the child’s file.



Vision Screening for Children Birth to Age Three Results Summary and Recommendations for Follow Up Rubric

Place an “X” in the appropriate column for each section of the **Vision Screening Parent Questionnaire** to determine appropriate referral and recommendations for next steps.

Screening Component	No Concerns	Concerns Identified	Recommendations for Next Steps
Family Vision History	<input type="checkbox"/>	<input type="checkbox"/>	No referral – If no other concerns are identified, indicate “No observable vision problems. However some risk factors exist.”
Child’s Medical History	<input type="checkbox"/>	<input type="checkbox"/>	
Appearance of Eyes and Eyelids (non-urgent)	<input type="checkbox"/>	<input type="checkbox"/>	Refer – Recommend non-urgent follow up with a pediatric ophthalmologist or optometrist. (Discuss vision services during IFSP meeting.)
Appearance of Eyes and Eyelids (urgent)		<input type="checkbox"/>	Refer – Recommend URGENT follow up with a pediatric ophthalmologist. (Discuss vision services during IFSP meeting.)
Objective Testing (fixation, visual tracking, pupillary reflex, corneal light reflection, instrument-based screening)	<input type="checkbox"/>	<input type="checkbox"/>	Refer – Recommend non-urgent follow up with a pediatric ophthalmologist or optometrist. (Discuss vision services during IFSP meeting.)
Behaviors (1-5)	<input type="checkbox"/>	<input type="checkbox"/>	Refer – Recommend non-urgent follow up with a pediatric ophthalmologist. (Discuss vision services during IFSP meeting.)
Behaviors (two+ 1-18)	<input type="checkbox"/>	<input type="checkbox"/>	
Caregiver Concerns	<input type="checkbox"/>	<input type="checkbox"/>	Refer – 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.

Contact Information for Pediatric Ophthalmologists and Optometrists

See list of pediatric eye doctors at <https://www.asharedvision.org/directory-pediatric-eye-doctors.html>