



# PART C VISION SCREENING

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Name of Person \_\_\_\_\_ Date Form \_\_\_\_\_  
 Completing Screening: \_\_\_\_\_ Completed: \_\_\_\_\_

## SECTION 1: PRIOR VISION SCREENING OR FULL VISION EVALUATION

Vision Screening Results:  Pass  Refer

Conducted By: \_\_\_\_\_ Date of Screening: \_\_\_\_\_  
 Screening Procedure(s) Used: \_\_\_\_\_

## Full Vision Evaluation Results\* (including recommendations for follow-up):

Conducted By: \_\_\_\_\_ Date of Screening: \_\_\_\_\_  
 Evaluation Procedure(s) Used: \_\_\_\_\_

[\*If full vision evaluation has been completed within the past 6 months and medical/health and developmental screening information indicates no reason for concern about vision, then skip to Section 5.]

## SECTION 2: REVIEW OF MEDICAL AND/OR FAMILY HISTORY

This review can be accomplished by review of medical records and/or through an interview with the parent.

- |                                                                                                                                                        |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Low birth weight                                                                                                              | <input type="checkbox"/> Cerebral palsy                |
| <input type="checkbox"/> Prematurity                                                                                                                   | <input type="checkbox"/> CHARGE syndrome               |
| <input type="checkbox"/> Intrauterine drug exposure                                                                                                    | <input type="checkbox"/> Fetal Alcohol Syndrome        |
| <input type="checkbox"/> Meningitis                                                                                                                    | <input type="checkbox"/> Hydrocephalus                 |
| <input type="checkbox"/> Encephalitis                                                                                                                  | <input type="checkbox"/> Hypoxia, anoxia, birth trauma |
| <input type="checkbox"/> Head trauma                                                                                                                   | <input type="checkbox"/> Seizures                      |
| <input type="checkbox"/> Down Syndrome                                                                                                                 | <input type="checkbox"/> Shaken Baby Syndrome          |
| <input type="checkbox"/> Hearing loss                                                                                                                  | <input type="checkbox"/> Low Apgar score               |
| <input type="checkbox"/> Intraventricular hemorrhage (IVH grade I –III), stroke                                                                        |                                                        |
| <input type="checkbox"/> Family history of hereditary vision loss (such as Retinoblastoma, Albinism)                                                   |                                                        |
| <input type="checkbox"/> In utero infections, such as cytomegalovirus (CMV), rubella, herpes, toxoplasmosis, or syphilis                               |                                                        |
| <input type="checkbox"/> Other syndromes such as Goldenhar, Hurler, Marfan, Norrie, Refsum, Trisomy 13, Tay-Sachs, neurofibromatosis, Lowe’s, Stickler |                                                        |

## SECTION 3: BEHAVIORAL OBSERVATIONS (Mark those skills present with a P for parental report or O for observation)

### By 3 months:

- Looks at someone’s face and tracks with head and eyes
- Pupils constrict in bright light
- Observes movement in the room
- Stares at light source
- Smiles at others
- Watches own hands

### By 6 months:

- Displays smooth-following eye movements in all directions
- Reaches for toys
- Tracks rolling ball
- Shifts gaze between two objects



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### By 12 months:

- Looks at a small object (e.g. raisin, Cheerio)
- Recognizes familiar objects across room (8 – 10 feet)
- Looks at pictures in books
- Reaches into container for object
- Follows rapidly moving object

### By 24 months:

- Fixates on small objects
- Points to distant interesting objects outdoors
- Recognizes fine details in pictures
- Exhibits well-established convergence
- Shows well-developed eye accommodation

### By 36 months:

- Copies a circle
- Makes smooth convergence with eyes

### SECTION 4: OBSERVATION OF THE EYES

#### *Atypical appearance of the eyes*

- Drooping eyelid which obscures the pupil
- Obvious abnormalities in the shape or structure of the eyes
- Absence of a clear, black pupil
- Persistent redness of the conjunctiva (normally white)
- Persistent tearing without crying
- High sensitivity to bright light, indicated by squinting, closing eyes, or turning head away

#### *Unusual eye movements:*

- Involuntary rhythmic or jerky eye movements (nystagmus)
- Absence of eyes moving together or sustained eye turn after four to six months of age

#### *Unusual gaze or head positions:*

- Tilts or turns head in certain positions when looking at an object
- Holds object close to eyes
- Averts gaze or seems to be looking beside, under, or above the object of focus

#### *Absence of the following behaviors:*

- Eye contact by age three months
- Visual fixation or following by three months
- Accurate reaching for objects by six months

### SECTION 5: FINDINGS (Please check one.)

- There are no components of the Virginia Part C Vision Screening that would indicate the need for referral for full vision evaluation
- One or more components of the Virginia Part C Vision Screening indicate the need for monitoring of the child's vision status (please describe recommended frequency and type of monitoring)
- One or more components of the Virginia Part C Vision Screening indicate the need for referral to a physician or eye care specialist for full vision evaluation