

**POLICY CLARIFICATION AND TECHNICAL
ASSISTANCE ON THE IMPLEMENTATION
OF REQUIREMENTS FOR VISION AND
HEARING COMPONENTS OF THE PART C
EVALUATION AND ASSESSMENT**



**Infant & Toddler
Connection of Virginia**

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Introduction:

This policy clarification and technical assistance document is intended to clarify the specifics of what constitutes “an evaluation of the child’s level of functioning in vision and hearing,” as required in the federal Part C regulations and Virginia’s Part C Policies and Procedures. This document will review the policies and procedures that make clear that hearing and vision must be addressed as part of the evaluation and assessment for each child under Part C. Specific guidance on the application of these policies and procedures for both hearing and vision will then be provided.

We hope that this document is helpful to you. If you have additional questions, please contact your technical assistance consultant.

Virginia’s Policies and Procedures:

Virginia’s Policies and Procedures for Part C state that the evaluation and assessment of each child include the following (bold has been added here for emphasis):

1. *A review of pertinent records less than six months old related to the child’s current health status and medical history (34 CFR 303.322 (2)(3)(i)). **Vision and hearing records must be included in this review, when available;***
2. *An evaluation of the child’s level of functioning or review of existing evaluation data less than six months old in each of the following developmental areas:*
 - a. *Cognitive;*
 - b. ***Physical, including** fine motor, gross motor, **vision and hearing;***
 - c. *Communication;*
 - d. *Social or emotional development; and*
 - e. *Adaptive development*

(34 CFR 303.322 (2)(3)(ii))
3. *An assessment of the unique strengths and needs of the child in terms of each of the developmental areas above, including the identification of services appropriate to meet those needs. (34 CFR 303.322 (c)(3)(iii))*

Virginia’s evaluation and assessment procedures (VI.A.2.i) go on to specify that, for purposes of determining initial eligibility, the multidisciplinary team must, with parent consent, include a review of pertinent records less than six months old from the primary care physician and other sources related to the child’s current health status, physical development (**including vision and hearing**), and medical history, or arrange for participation by primary health care providers.

Furthermore, Virginia’s procedures related to the contents of the IFSP (VII.E.1.a (1)) require a statement of the child’s present levels of physical development (*including fine motor, gross motor, **vision, hearing, and health status**, cognitive development, communication development, social or emotional development, and adaptive development, based on professionally acceptable objective criteria.*

Terms and Definitions:

The kinds of testing required for hearing and vision under Part C are procedures that identify those children most likely to have an auditory or visual impairment. The term “screening” is used by the majority of groups or programs associated with hearing and vision (e.g. Virginia’s Hearing Impairment Identification and Monitoring System, the American Academy of Pediatrics, audiologists, etc.) to describe this kind of testing. This use of the term “screening” is different from the type of overall, developmental screening conducted as part of child find under Part C.

The hearing and vision of each child must be screened as a component of the multidisciplinary evaluation and assessment for Part C. Those children who fail the screening of hearing and/or vision that occur in the context of the Part C evaluation and assessment will need a referral for full diagnostic audiological and/or vision evaluations by qualified professionals (e.g. audiologists, physicians, ophthalmologists, optometrists, etc.).

Again, the level of hearing and vision testing required for the Part C evaluation and assessment is not for the purpose of diagnosing specific hearing and/or vision conditions, but is only for the purpose of identifying those children who need further diagnostic evaluation by a specialist.

SECTION 1: HEARING SCREENING

What Constitutes Hearing Screening?

The *Virginia Part C Hearing Screening* form (included at the end of this section) must be completed for all children who receive a Part C evaluation and assessment. There are a number of possible sources of hearing screening data that may be used in completing this form:

1. *Newborn Hearing Screening:* Virginia law requires that as of July 1, 2000 hospitals must screen the hearing of all newborns prior to discharge. The Virginia Department of Health is responsible for tracking and follow-up as part of the Virginia Hearing Impairment and Monitoring System, also known as the Virginia Newborn Hearing Screening Program. The Virginia Department of Health reports that 95% of newborns are being screened prior to discharge from the hospital. For this vast majority of children who have had a newborn hearing screening prior to hospital discharge, the service coordinator is expected to verify results with the family (with written documentation) or the child's primary health care provider (with parent permission). If the service coordinator is unable to verify results with the family or primary care provider, then (with parent permission) she may contact the Virginia Department of Health (Follow-Up Coordinator, 804-371-5338). All infants requiring follow-up from the newborn hearing screening (due to failing the screening, missing the screening, or a "pass but at-risk" result) are listed in a database at the Department of Health. The Department of Health has advised that if the child was born in Virginia and is not listed in the database, you may assume that the child has had and has passed the screening. The results of the newborn hearing screening (from Virginia or any other state with a newborn hearing screening program) must be documented in Section 1 of the *Virginia Part C Hearing Screening* form.
2. *Other Audiological Testing:* If a child has already received a full audiological evaluation prior to referral to Part C, then parental permission should be sought in order to obtain records of that evaluation and the results. The results of any prior audiological testing must be documented in Section 1 of the *Virginia Part C Hearing Screening* form.
3. *Physician Records:* Physicians may also screen for hearing during well-baby and well-child visits. Medical records documenting such screening may be obtained with parent permission. If medical records are received but they do not document hearing screening, then parent permission should be sought to contact the physician to determine whether, in fact, a hearing screening was conducted and to obtain those records if possible. Service coordinators are expected to make every effort to obtain physician records prior to the evaluation and assessment (e.g., calling the physician's office to request a fax of the specific records related to hearing, going to the physician's office to pick up copies, etc.). The results of any prior physician hearing screening must be documented in Section 1 of the *Virginia Part C Hearing Screening* form. Please note that the Virginia Part C system believes all children should have a medical home and regular health care. If during evaluation and assessment, it is determined that a child is not receiving well-child care, that medical/health service should be listed under "Other Services" on the IFSP, and the service coordinator is responsible for helping the family to secure that service.

4. *Hearing Screening Performed as Part of Part C Evaluation and Assessment:* It is expected that the majority of infants and toddlers referred to the Part C system will have had a hearing screening prior to referral (either through Virginia's or another state's newborn hearing screening program, through well-child care, or through some other means). The type of screening (and/or full audiological evaluation) that has been completed prior to referral to the Part C system as well as the results of that screening will determine what other hearing screening procedures must be conducted as part of the child's Part C evaluation and assessment. The length of time since the prior screening does not impact what hearing screening procedures are conducted under Part C (i.e. the 6-month rule in Virginia's Part C policies and procedures, requiring only the use of evaluations and related information less than 6 months old, does not apply). What follows is a description of Part C hearing screening procedures and the circumstances under which each must be conducted. **Please note that, as with all other elements of the Part C evaluation and assessment, the level of hearing screening described below must be completed in time that the initial IFSP can be developed within 45 calendar days of referral.**

- If the child has had a newborn hearing screening with a result of “pass,” then the results of the newborn hearing screening must be recorded in Section 1 of the *Virginia Part C Hearing Screening* form. In addition, the hearing screening procedures specified in Sections 2 and 3 of the form must be completed as part of the child's Part C evaluation and assessment.
- If the child has had a newborn hearing screening with a result of “refer,” then the service coordinator is expected to work with the family to determine the status of any audiological follow-up the child has received.
 1. If the child has received a full audiological evaluation, then the results of that testing must be recorded in Section 1 of the *Virginia Part C Hearing Screening* form and the recommendations from the audiologist for additional follow-up should be noted. (Please note that the IFSP team will determine whether any of the follow-up services recommended by the audiologist will be listed as Part C services on the child's IFSP or as “other” services.) In addition, Sections 2 and 3 of the *Virginia Part C Hearing Screening* form must be completed as part of the Part C evaluation and assessment.
 2. If the child has not yet received the full audiological evaluation recommended after the newborn hearing screening, then Sections 2 and 3 of the *Virginia Part C Hearing Screening* form must be completed as part of the child's Part C evaluation and assessment. The service coordinator is expected to work with the family to obtain the full audiological evaluation recommended through the newborn hearing screening system.
- If the child has had no newborn hearing screening, then Sections 2, 3 **and** 4 of the *Virginia Part C Hearing Screening* form must be completed as part of the child's Part C evaluation and assessment.

Who may conduct the hearing screening?

The Part C hearing screening may be conducted any Part C personnel who are trained to conduct the hearing screening. If it is necessary to make arrangements with new providers or to modify arrangements with current providers in order to meet the requirements for hearing screening, then contracts, interagency agreements, or memoranda of understanding with these providers should be established or modified as needed.

What information about hearing status must be included on the IFSP?

On page 3 of the IFSP, a statement about the child's hearing status must be recorded. This should include ear-specific information whenever possible. **If the status is recorded as "within normal limits in both ears," then a description of how the child's hearing was determined to be within normal limits must also be included.** Page 4 of the IFSP may include more detailed information on the child's hearing status.

Background Research and Resources:

Virginia's policy related to hearing screening was developed after careful review of Part C hearing screening requirements from nine other states, Virginia's Part B requirements related to hearing screening, and position statements and recommendations from relevant professional groups (e.g. National Institutes of Health, American Academy of Pediatrics, the National Center for Hearing Assessment and Management, American Speech-Language Hearing Association, and Speech-Language-Hearing Association of Virginia). Multiple studies have shown that the risk factor approach to screening for hearing loss (e.g. a review of medical records and/or an interview with parents to determine whether the child has typical risk factors for hearing loss) is inadequate when used alone and identifies only about half of all children with congenital hearing loss.

People to Contact for Further Technical Assistance Related to Hearing Screening:

If you need additional information regarding the Virginia Newborn Hearing Screening Program or have other questions related to hearing screening, please feel free to contact the Virginia Department of Health toll-free at 1-866-493-1090. Pat Dewey is the Program Manager for Virginia's Newborn Hearing Screening Program, and she can be reached at 804-786-1964 or by e-mail at pdewey@vdh.state.va.us. The Follow-Up Coordinator for the Newborn Hearing Screening Program can be reached at 804-371-5338.



PART C HEARING SCREENING

Name of Child: _____ Date of Birth: _____
 Name of Person _____ Date Form _____
 Completing Screening: _____ Completed: _____

SECTION 1: PRIOR HEARING SCREENING OR AUDIOLOGICAL EVALUATION

Newborn Hearing Screening Results:

- Pass Pass but at-risk Refer Missed Born outside Virginia, no newborn hearing screening or unknown results

Other Hearing Screening Results (e.g. well-child check):

Date of Screening: _____
 Conducted By: _____
 Screening Procedure Used: _____
 Results (including recommendations for follow-up): _____

Full Audiological Evaluation:

Date: _____
 Conducted By: _____
 Type of Testing Completed: _____
 Results (including recommendations for follow-up): _____

SECTION 2: REVIEW OF MEDICAL AND/OR FAMILY HISTORY

Risk factors present during the neonatal period:

- An illness or condition requiring admission of 48 hours or greater to a NICU;
- Stigmata or other findings associated with a syndrome known to include a sensorineural and/or conductive hearing loss;
- Family history of permanent childhood sensorineural hearing loss;
- Craniofacial anomalies, including those with morphological abnormalities of the pinna and ear canal;
- In-utero infection such as cytomegalovirus, herpes, toxoplasmosis, or rubella

Risk Factors that may develop as a result of certain conditions or essential medical interventions in the treatment of an ill child:

- Family history of permanent childhood hearing loss;
- In-utero infections including cytomegalovirus, herpes, toxoplasmosis, or rubella;
- Craniofacial or external ear anomalies



PART C HEARING SCREENING

SECTION 2: REVIEW OF MEDICAL AND/OR FAMILY HISTORY

- Postnatal infections associated with sensorineural hearing loss including bacterial meningitis
- Stigmata of syndromes known to have sensorineural or conductive hearing loss
- Neurofibromatosis Type II
- Persistent pulmonary hypertension associated with mechanical ventilation, hyperbilirubinemia requiring exchange transfusion, or conditions requiring extracorporeal membrane oxygenation (ECMO);
- Neurodegenerative disorders including Hunter Syndrome, Friedreich’s ataxia and Charcot-Marie-Tooth Syndrome;
- Head trauma
- Recurrent or persistent otitis media with effusion for at least 3 months
- Syndromes associated with progressive hearing loss including neurofibromatosis, osteopetrosis, Usher’s Syndrome, Goldenhar Syndrome, Branchio-Oto-Renal Syndrome, CHARGE Association, Pendred Syndrome, Pierre Robin Syndrome, Trisomy 21 (Down) Syndrome, Waardenburg Syndrome, choanal atresia, Stickler Syndrome and Rubinstein-Taybi Syndrome;
- Parental or caregiver concerns about speech, language or hearing

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

<p>By 6 months:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Startles or cries at loud, sudden noises <input type="checkbox"/> Quiets when talked to or with soothing sounds <input type="checkbox"/> Coos <input type="checkbox"/> Makes some sounds <input type="checkbox"/> Turns eyes or head toward source of sound 	<p>By 9 months:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Attends to music or singing <input type="checkbox"/> Makes strings of sounds; babbles (ba-ba-ba, ga-ga-ga) <input type="checkbox"/> Turns head when called from behind <input type="checkbox"/> Stops or pays attention when told “no” or name called
<p>By 12 months:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Begins to repeat some of the sounds others make <input type="checkbox"/> Responds to own name <input type="checkbox"/> Babbles using variety of sounds and intonation patterns 	<p>By 18 months:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Uses 3 –20 or more words <input type="checkbox"/> Follows simple commands (e.g. “Come here.”) <input type="checkbox"/> Indicates wants/needs with words/vocalizations & gestures
<p>By 24 months:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Points to some body parts <input type="checkbox"/> Uses 50 – 100 or more words <input type="checkbox"/> Understands 300 or more words <input type="checkbox"/> Enjoys listening to stories <input type="checkbox"/> Begins using 2-word “sentences” 	<p>By 36 months:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Uses 3 to 4-word phrases <input type="checkbox"/> Speaks so understood 50 –75% of time <input type="checkbox"/> Follows 2-stage commands <input type="checkbox"/> Uses 50 – 250 or more words <input type="checkbox"/> Understands most things that are said to him/her <input type="checkbox"/> Notices different sounds (doorbell, phone, etc.)



PART C HEARING SCREENING

SECTION 4: HEARING SCREENING PROCEDURES

OAE: Left Ear Pass Refer || Right Ear Pass Refer

Conducted by: _____ Date: _____

ABR: Left Ear Pass Refer || Right Ear Pass Refer

Conducted by: _____ Date: _____

Visual Reinforcement Audiometry: Must be conducted in conjunction with OAE in order to obtain ear-specific results

Conducted by: _____ Date: _____

Results: _____

Conditioned Play Audiometry: Must be conducted using earphones to obtain ear-specific results.

Conducted by: _____ Date: _____

Results: _____

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

- There are no components of the Virginia Part C Hearing Screening that would indicate the need for referral for full audiological evaluation.
- One or more of the components of the Virginia Part C Hearing Screening indicate the need for monitoring of the child's hearing status (please describe recommended frequency and type of monitoring).
- One or more of the components of the Virginia Part C Hearing Screening indicate the need for referral for a full audiological evaluation.

VIRGINIA PART C HEARING SCREENING FORM

Instructions

Section 1: Prior Hearing Screening or Audiological Evaluation

This section must be completed for all children receiving a Part C evaluation and assessment.

Check the appropriate box under Newborn Hearing Screening. This section is used to record the results of a newborn hearing screening completed in Virginia or in any other state with a newborn hearing screening program.

If applicable, complete the information under “Other Hearing Screening Results” and/or “Full Audiological Evaluation”

Section 2: Review of Medical and/or Family History

This section must be completed for all children receiving a Part C evaluation and assessment.

The purpose of reviewing the child’s medical and/or case history is to identify any factors that may place the child at high risk for a hearing impairment and that might warrant a referral for more in-depth testing (particularly if more than one risk factor is present or if there are a risk factor plus other indicators of possible hearing loss as detected through the other screening procedures described on the *Virginia Part C Hearing Screening* form).

The review of medical and/or case history can be accomplished by review of medical records and/or through an interview with the parent. On the form, please check all risk factors that apply.

For infants birth through 28 days who have not had a newborn hearing screening, watch closely for risk factors present during the neonatal period. The second set of risk factors, those that may develop as a result of certain conditions or essential medical interventions in the treatment of an ill child, increase the risk for progressive or delayed hearing loss. Watch for this second group of risk factors in infants and toddlers 29 days through two years of age.

The list of risk factors used on the *Virginia Part C Hearing Screening* form is based on the criteria established in 2000 by the Joint Committee on Infant Hearing, which is composed of representatives from the American Academy of Pediatrics, American Academy of Audiology, American Academy of Otolaryngology – Head and Neck Surgery, American Speech-Language-Hearing Association, and the Council on Education of the Deaf.

Section 3: Behavioral Observations

This section must be completed for all children receiving a Part C evaluation and assessment.

Part C evaluation and assessment team members are expected to make informal observations related to the child's hearing status during performance of other evaluation and assessment procedures. Parent report may also be used to assist other team members in determining what hearing-related behaviors are or are not typically observed with the child.

On the form, mark those skills that are present by using a P in the box to indicate parent report or an O to indicate observation. For those skills that are neither observed nor reported, the box should be left blank.

Section 4: Hearing Screening Procedures

This section of the form must be completed only for those children who have had no newborn hearing screening. For children who require Section 4, please note that the screening procedure(s) selected from below must be completed within 45 days of referral to the Part C system.

Selection of the appropriate hearing screening procedure(s) will be based on the child's age, developmental status and unique needs. The screening should result in ear-specific information for both ears (please note that this may require the use of more than one screening procedure as discussed below). The categories of hearing screenings considered acceptable and reliable for infants and toddlers are described below:

Electrophysiological Testing:

Electrophysiological procedures are objective measures of hearing. There are two categories of electrophysiological screenings, as described below:

1. Auditory Brain-Stem Response (ABR), Automated Auditory Brain-Stem Response (AABR), Brain-Stem Auditory Evoked Response (BAER), or Evoked Response Audiometry (ERA): These screening tests measure the auditory system's response to sound. A soft click is presented to the ear via earphones or a probe, and electrodes record the response as the sound travels from the ear through the auditory nervous system to the brain. The ABR and related screening procedures listed above are appropriate for infants younger than 6 months as well as for older infants and toddlers who are difficult to test or have developmental impairments. These tests require the child to be very still during testing (either sleeping or possibly

sedated). Equipment for this type of screening is very expensive (\$10,000 or more), is not very portable and requires a high degree of training for implementation. When a child fails an ABR screening, referral to an audiologist for diagnostic testing is indicated.

2. Otoacoustic Emission Response: Screening procedures in this category may be called otoacoustic emissions (OAE), distortion product otoacoustic emissions (DPOAE), or transient evoked otoacoustic emissions (TEOAE). In OAE testing, a soft click is presented and a small microphone, placed in the child's ear canal, measures the echo that is returned from the baby's ear. The echo is analyzed to determine how well the inner ear is working. The child must sit quietly and tolerate a probe in the ear canal. This type of screening is fast and simple and requires minimal interpretation to determine a pass or refer result. OAE testing is appropriate for children of all ages. Equipment for OAE testing is moderately priced (about \$4,000), varies in portability, and requires moderate training to implement. When a child fails an OAE screening, a referral for a complete audiological evaluation must be made.

Behavioral Screening Measures:

Behavioral screenings include visual reinforcement audiometry (VRA) and conditioned play audiometry (CPA). These screening procedures are subjective measures of hearing and are the most appropriate tools for children who are functioning at 7 months – 3 years developmental age. For children 6 months through two years of age, VRA is the recognized method of choice; as children mature beyond this age, CPA may be attempted.

Visual reinforcement audiometry: Testing is performed in a sound booth or very quiet room with the child seated on an adult's lap between two loudspeakers. Sounds are presented together with a visual reinforcement so that the child becomes conditioned to turn toward the sound in anticipation of the visual reinforcer (thus indicating a response to the emitted sound). In order to obtain ear-specific information, VRA should be accompanied by OAE.

Conditioned play audiometry: Pure tone sounds are usually used (but other sounds, such as speech sounds, spoken words, warble tones, or narrow band noises, can also be used). The child places a block or other small toy in a container every time he or she hears a sound. Conditioned play audiometry should be conducted using ear phones to obtain ear-specific results.

NOTE: Although not required, tympanometry may be used to augment the screening procedures listed above. Tympanometry results indicate the medical condition/status of the middle ear, **not** hearing status. These results may assist in

making a decision regarding the need for referral for full audiological evaluation.

Please note that when a child fails a hearing screening procedure and is referred for a full audiological evaluation, the same tests described here in Section 4 of the *Virginia Part C Hearing Screening* form may be used for that full evaluation. These testing procedures can be used as a screening tool (as needed as a component of the Part C evaluation and assessment) or as a more in-depth evaluation tool (for those children identified through screening as needing a full audiological evaluation). When used by a licensed audiologist for a full diagnostic evaluation, these procedures include more in-depth testing under more tightly controlled sound field parameters than are used in screening.

[Information for the above summary of screening procedures was gathered primarily from the Colorado Early Childhood Hearing Screening Guidelines and Ear-Resistible: Hearing Test Procedures for Infants, Toddlers, and Preschoolers, Birth Through Five Years of Age (from California), as listed in Sources for this document]

Section 5: Findings

This section must be completed for all children receiving a Part C evaluation and assessment.

Check the appropriate box, indicating the screener's recommendations to the IFSP team.

**SUMMARY FOR COMPLETING HEARING SCREENING
FOR THE PART C EVALUATION AND ASSESSMENT**

Child's Prior Hearing Screening or Evaluation (IF)	Completing the <i>Virginia Part C Hearing Screening Form</i> (THEN)
1. Child had newborn hearing screening with result of "pass"	<ul style="list-style-type: none"> ▪ Record newborn hearing screening results in Section 1; ▪ Complete Sections 2 and 3; and ▪ Mark findings in Section 5
2. Child had newborn hearing screening with result of "refer" and <ul style="list-style-type: none"> a. Child has had follow-up audiological evaluation b. Child has not had follow-up audiological evaluation 	<ul style="list-style-type: none"> ▪ Record results of newborn hearing screening in Section 1; ▪ Complete Sections 2 and 3; and ▪ Mark findings in Section 5 ▪ Record results of newborn hearing screening in Section 1; ▪ Complete Sections 2 and 3; ▪ Mark findings in Section 5; and ▪ Assist family in obtaining audiological evaluation recommended through newborn hearing screening
3. Child had no newborn hearing screening	<ul style="list-style-type: none"> ▪ Record missed newborn hearing screening in Section 1 ▪ Complete Sections 2, 3 and 4 ▪ Mark findings in Section 5

SECTION 2: VISION SCREENING

What constitutes vision screening?

The *Virginia Part C Vision Screening* form (included at the end of this section) must be completed for all children who receive a Part C evaluation and assessment. There are a number of possible sources of vision screening data that may be used in completing this form:

1. *Physician Records:* Physicians are expected to conduct vision screening as part of well-baby and well-child visits. Children who have Medicaid should be receiving EPSDT screenings, which include vision screening. The service coordinator is expected to obtain, with parent permission, medical records documenting vision screening to be used in the Part C evaluation and assessment. Documentation from the physician noting WNL (within normal limits) for the Head, Eyes, Ears, Nose and Throat (HEENT) exam or for the vision exam indicates that the physician has performed a vision screening and that the child passed. If medical records received do not document vision screening, then parent permission should be sought to contact the physician to determine if a vision screening was conducted and, if so, to obtain those records. Service coordinators are expected to make every effort to obtain physician records prior to the evaluation and assessment (e.g., calling the physician's office to request a fax of the specific records related to vision, going to the physician's office to pick up copies, etc.). The results of any prior physician vision screening must be documented in Section 1 of the *Virginia Part C Vision Screening* form. Please note that the Virginia Part C system believes all children should have a medical home and regular health care. If during evaluation and assessment, it is determined that a child is not receiving well-child care, that medical/health service should be listed under "Other Services" on the IFSP, and the service coordinator is responsible for helping the family to secure that service.
2. *Other Vision Evaluation:* If a child has already received a full vision evaluation prior to referral to Part C, then parent permission should be sought in order to obtain records of that evaluation and the results. The results of any prior vision evaluation must be documented in Section 1 of the Virginia Part C Vision Screening Form.
3. *Vision Screening Performed as Part of the Part C Evaluation and Assessment:* It is expected that many of the infants and toddlers referred to the Part C system will have had a vision screening prior to referral (either through newborn hospitalization, well-baby and/or well-child checks with their primary care physician). The type of vision screening procedures that must be conducted as part of the child's Part C evaluation and assessment will depend on the results of any prior vision screening or full vision evaluation. The Part C vision screening requirements are described below. **Please note that, as with all other elements of the Part C evaluation and assessment, the required vision screening must be completed in time that the initial IFSP can be developed within 45 calendar days of referral.**

- If the child has had a vision screening prior to referral and results indicated vision was within normal limits, then those results must be recorded in Section 1 of the *Virginia Part C Vision Screening* form. Documentation from the physician noting WNL (within normal limits) for the Head, Eyes, Ears, Nose and Throat (HEENT) exam or for the vision exam indicates that the physician has performed a vision screening and that the child passed. In addition, the vision screening procedures specified in Sections 2 and 3 of the form must be completed as part of the child's Part C evaluation and assessment.

- If the child has had a vision screening prior to referral and further evaluation was recommended based upon that screening, then the service coordinator is expected to work with the family to determine the status of any follow-up vision evaluation the child has received.
 1. If the child has received a full vision evaluation, then the results of that testing must be recorded in Section 1 of the *Virginia Part C Vision Screening* form and the recommendations for additional follow-up from the individual who completed the full vision evaluation should be noted. (Please note that the IFSP team will determine whether any of the follow-up services recommended by the vision evaluator will be listed as Part C services on the child's IFSP or as "other" services.) In addition, Section 2 and 3 of the *Virginia Part C Vision Screening* form must be completed as part of the Part C evaluation and assessment.
 2. If the child has not yet received the full vision evaluation recommended from the prior vision screening, then Sections 2 and 3 of the *Virginia Part C Vision Screening* form must be completed as part of the child's Part C evaluation and assessment. The service coordinator is expected to work with the family to obtain the full vision evaluation recommended by the previous screener.

- If the child has had no prior vision screening, then Sections 2 and 3, **and** 4 of the *Virginia Part C Vision Screening* form must be completed as part of the child's Part C evaluation and assessment.

Who may conduct the vision screening?

The Part C vision screening may be conducted by any Part C personnel who are trained to conduct the vision screening. If it is necessary to make arrangements with new providers or to modify arrangements with current providers in order to meet the requirements for vision screening, then contracts, interagency agreements, or memoranda of understanding with these providers should be established or modified as needed.

What information about vision status must be included on the IFSP?

On page 3 of the IFSP, a statement about the child's vision status should be recorded. **If the status is recorded as "within normal limits," then a description of how the child's vision was determined to be within normal limits must also be included.** Page 4 of the IFSP may include more detailed information on the child's vision status.

Background Research and Resources:

Virginia's policy related to vision screening was developed after careful review of Part C vision screening requirements from other states, Virginia's Part B requirements related to vision screening, and position statements and recommendations from relevant professional groups (e.g. the American Academy of Pediatrics, the American Association for Pediatric Ophthalmology and Strabismus, and the American Academy of Pediatric Ophthalmology, and the American Optometric Association).

The American Academy of Pediatrics (AAP), the American Association for Pediatric Ophthalmology and Strabismus (AAPOS), and the American Academy of Ophthalmology (AAO) have all endorsed vision screening guidelines for physicians, including the following:

- Examination of the eyes can be performed at any age, beginning in the newborn period, and should be done at all well infant and well child visits.
- A pediatrician, family physician, nurse practitioner, or physician assistant should examine a newborn's eyes for general eye health including a red reflex test in the nursery.
- All infants should be examined by 6 months of age to evaluate fixation preference, ocular alignment, and the presence of any eye disease.
- All infants at-risk for eye problems (e.g. those at risk for retinopathy of prematurity; those with a family history of retinoblastoma, glaucoma or cataracts in childhood; those with neurodevelopmental delay; etc.) should be examined by an ophthalmologist.
- An eye evaluation for infants and children from birth to 2 years of age should include: eyelids and orbits; external examination; motility; eye muscle balance; pupils; and red reflex. Such screening may include the unilateral cover test and penlight evaluation.
- All pediatricians and other providers of care to children should be familiar with the screening guidelines of the AAPOS, AAOP, and AAP.

For further information about these recommended vision screening guidelines for health care providers, please visit www.aap.org/policy/01461.html (Policy Statement: Eye Examination and Vision Screening in Infants, Children, and Young Adults – July, 1996).

The American Optometric Association also provides information about pediatric eye and vision examination on their website, www.aoa.org.

People to Contact for Further Technical Assistance Related to Vision Screening:

Regional education coordinators with the Department for the Blind and Vision Impaired (DBVI) can provide assistance to localities in selecting appropriate tools for screening the vision of infants and toddlers. The regional education coordinators can also provide training and help with implementation of vision screening procedures. Contact information for these regional offices is as follows:

Department for the Blind and Vision Impaired Regional Offices:

Bristol Regional Office
(276) 642-7300

Fairfax Regional Office
(703) 359-1100

Norfolk Regional Office
(757) 858-6724

Richmond Regional Office
(804) 371-3353

Roanoke Regional Office
(540) 857-7122

Staunton Regional Office
(540) 332-7729

Headquarters
(800) 622-2155

If you need further assistance, please feel free to contact Glen Slonneger, Education Services Program Director at Department for the Blind and Vision Impaired:

Telephone: 804-371-3113
Fax: 804-371-3390
E-Mail: <mailto:SlonneGR@DBVI.state.va.us>

Prevent Blindness Virginia may also be a helpful resource to local councils for issues related to vision screening (888-790-2020; www.pbv.org).



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: _____

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



PART C VISION SCREENING

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

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



PART C VISION SCREENING

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

VIRGINIA PART C VISION SCREENING

Instructions

Section 1: Prior Vision Screening or Full Vision Evaluation

This section must be completed only for those children who have had a vision screening or full vision evaluation prior to referral to the Part C system.

Complete the applicable information.

Section 2: Review of Medical and/or Case History

This section must be completed for all children receiving a Part C evaluation and assessment.

The purpose of reviewing the child's medical and/or case history is to identify any factors that may place the child at high risk for a visual impairment and that might warrant a referral for more in-depth testing (particularly if more than one risk factor is present or if there are a risk factor plus other indicators of possible visual impairment as detected through the other screening procedures described on the *Virginia Part C Vision Screening* form).

The review of medical and/or case history can be accomplished by review of medical records and/or through an interview with the parent. On the form, please check all risk factors that apply.

Section 3: Behavioral Observations

This section must be completed for all children receiving a Part C evaluation and assessment.

Evaluation and assessment team members are expected to incorporate observations related to the child's vision status during performance of other evaluation and assessment procedures. In addition, parent report may be used to assist other team members in determining what vision-related behaviors are or are not typically observed with the child. Please note that this observation is not the same as an assessment for visual acuity completed by a medical professional.

On the form, mark those skills that are present by using a P in the box to indicate parent report or an O to indicate observation. For those skills that are neither observed nor reported, the box should be left blank.

Section 4: Observation of the Eyes

This section must be completed for those children who have had no prior vision screening or full vision evaluation.

Any asymmetry or unusual features observed in the eye structures or movements should be noted. Check boxes to indicate all high-risk signs for vision impairment that are present.

Section 5: Findings

This section must be completed for all children receiving a Part C evaluation and assessment.

Check the appropriate box, indicating the screener's recommendations to the IFSP team. PLEASE NOTE: The Department for the Blind and Vision Impaired strongly recommend that if the IFSP team has any question about any of the items on the screening, then the child should be referred to a physician or eye care specialist for a full vision evaluation.

**SUMMARY FOR COMPLETING VISION SCREENING
FOR THE PART C EVALUATION AND ASSESSMENT**

Child's Prior Vision Screening or Evaluation (IF)	Completing the <i>Virginia Part C Vision Screening Form</i> (THEN)
1. Child had prior vision screening which indicated that vision was within normal limits	<ul style="list-style-type: none"> ▪ Record prior vision screening results in Section 1; ▪ Complete Sections 2 and 3; and ▪ Mark findings in Section 5
2. Child had prior vision screening that indicated the need for further evaluation and <ul style="list-style-type: none"> a. Child has had follow-up full vision evaluation b. Child has not had follow-up full vision evaluation 	<ul style="list-style-type: none"> ▪ Record results of prior vision screening and evaluation in Section 1; ▪ Complete Sections 2 and 3; and ▪ Mark findings in Section 5 ▪ Record results of prior vision screening in Section 1; ▪ Complete Sections 2 and 3; ▪ Mark findings in Section 5; and ▪ Assist family in obtaining full vision evaluation recommended through prior vision screening
3. Child had no prior vision screening	<ul style="list-style-type: none"> ▪ Complete Sections 2 and 3 and 4 ▪ Mark findings in Section 5

Summary:

Most children will receive hearing and vision screening as newborns and/or through well-baby and well-child visits with their health care providers. Prior to the initial Part C evaluation and assessment (or subsequent re-evaluations, if appropriate), it is the service coordinator's responsibility to gather records of any prior hearing and vision screenings/evaluations/assessments, with parent permission. In addition, the *Virginia Part C Hearing Screening* form and the *Virginia Part C Vision Screening* form must be completed for each child as part of his/her Part C evaluation and assessment. As with other areas of the multidisciplinary evaluation and assessment, hearing and vision screening (and any follow-up full audiological or vision evaluation recommended as a result of the screening) conducted under Part C must be provided at no cost to the family.

Thank you for your efforts to ensure that all children receive the necessary and appropriate hearing and vision screening as a component of their Part C evaluation and assessment. If you have additional questions, please contact your regional Part C technical assistance consultant.

Sources:

American Academy of Pediatrics, “Newborn and Infant Hearing Loss: Detection and Intervention (RE9846),” Pediatrics (Volume 103, Number 2), February 1999.

American Academy of Pediatrics, “Eye Examination and Vision Screening in Infants, Children, and Young Adults (RE9625),” Pediatrics (Volume 98, Number 1), July 1996.

American Academy of Ophthalmology, “Policy Statement: Vision Screening for Infants and Children,” revised and approved October 2001. (www.aaopt.org/aaoweb1/Library)

National Center for Hearing Assessment and Management, “Selecting Equipment for a Universal Newborn Hearing Screening Program” (www.infanthearing.org)

First Look: Vision Evaluation and Assessment for Infants, Toddlers, and Preschoolers, Birth Through Five Years of Age, California Department of Education, 1998.

Ear-Resistible: Hearing Test Procedures for Infants, Toddlers, and Preschoolers, Birth Through Five Years of Age, California Department of Education, 1998.

Colorado Early Childhood Hearing Screening Guidelines, Colorado Department of Education and Colorado Department of Public Health and Environment, 2001.