## Vision Screening











#### **Outcomes**

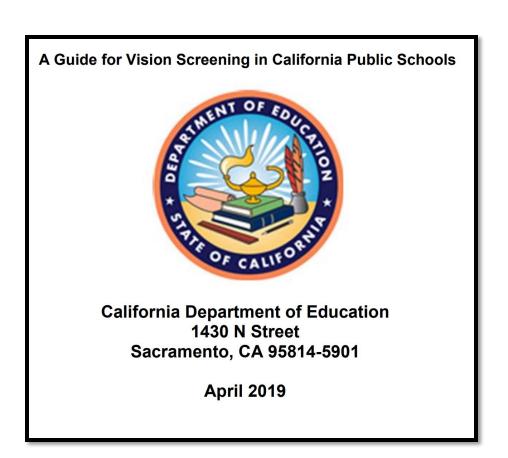
#### Participants will be able to:

- 1. Describe guidelines for vision screening
- Describe techniques for vision screening in the school setting
- Explain the screening process and referral criteria for vision screening



#### **Vision Guidelines**

- Ed Code 49452, 49455, 49456
- 5 CCR § 590-596
- A Guide For Vision Screening In California Public Schools





#### Vision Screening

- Students in grades TK/K, 2, 5, 8
- New students upon first enrollment in a CA school
- Special Education
  - ✓ Initial evaluation
  - ✓ Every 3 years thereafter
- Students suspected of having vision deficits



# Legal Requirements for Periodicity of the School Screening Program

Grade Level	Distance Vision	Near Vision	Color Vision Deficiency	
Transitional Kindergarten/ Kindergarten	Required	Required	Not Required	
Grade 1	Not Required	Not Required	Required	
Grade 2	Required	Required	Required in subsequent years only if not screened in grade 1	
Grade 5	Required	Required	See Above	
Grade 8	Required	Required	Required See Above	
Special Education	Required	Required	Required	



# Vision Screening Program

#### Requirements include:

- ✓ Evidence-based procedures
- ✓ Document results
- ✓ Observe possible eye or vision problems
- ✓ Screen students whose school performance indicates suspected vision problem
- ✓ Rescreen if failed screening. If screened by school nurse, physician, osteopath or optometrist, rescreen not required
- ✓ Notify parents/guardians of failed screening
- ✓ Assist with follow-up care as needed



#### **Authorized Screeners**

- Physician, Osteopath
- Optometrist, Ophthalmologist
- Credentialed School Nurse
- Certificated employee with certified vision training
- Authorized contracted agency
  - Meet criteria for authorized screeners



## **Screening Tests**



- Visual Acuity
  - ✓ Grades TK/K both distance & near acuity, threshold
- Grades 1-12 both distance and near acuity at critical line
- Color Vision 1<sup>st</sup> grade (conducted once)



# Vision Screening Procedures



# External Observations: Signs and Symptoms of a Possible Eye or Vision Problem

Student Signs	Student Symptoms
<ul> <li>Eye turns in or out at any time</li> <li>Pupils/eyes appear to be different sizes</li> <li>Red eyes and/or swollen eyelids</li> <li>Excessive tearing</li> <li>Droopy eyelids</li> <li>Discharge from the eyes</li> <li>Sensitivity to light</li> <li>Excessive Blinking</li> <li>Squints, closes, or covers one eye</li> <li>Squints to see board or far away</li> <li>Frequent headaches</li> <li>Abnormal head posture or head tilt</li> </ul>	<ul> <li>Double vision</li> <li>Blurry vision</li> <li>Hazy vision</li> <li>Difficulty seeing small print</li> <li>Eye pain</li> </ul>



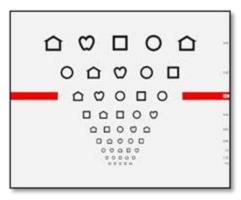
#### **Distance Visual Acuity**

- Students in grades TK/K, 2, 5, 8
- New students upon first enrollment in a CA school
- Special Education
  - Initial evaluation
  - Every 3 years thereafter



## Equipment





- Optotype chart
  - √ 10-foot charts
- Computer vision software program



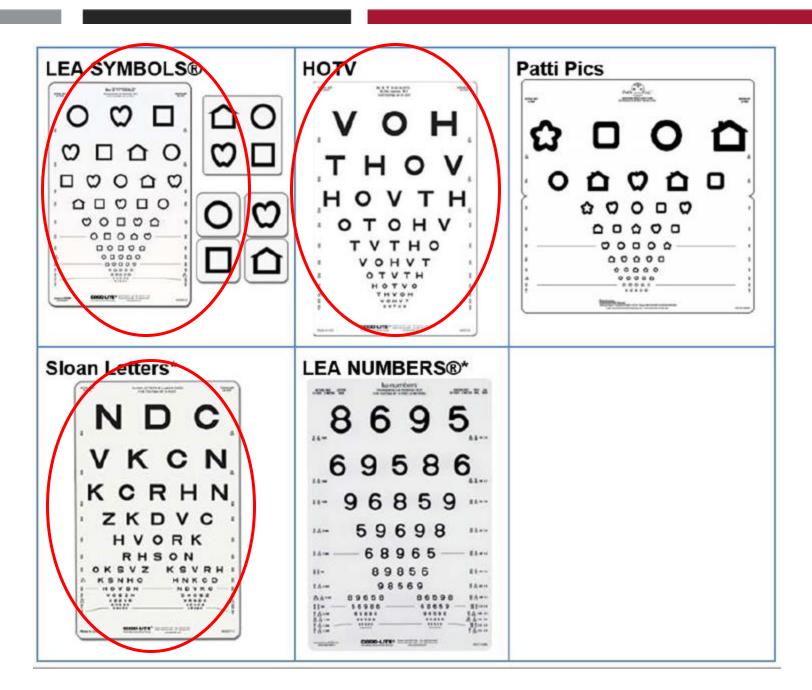
### **Evidence-Based Pediatric Optotypes**

Currently Acceptable Optotypes	Not Acceptable Optotypes
LEA SYMBOLS®	Allen pictures
HOTV	Tumbling E
Sloan Letters*	Blackbird
LEA NUMBERS®*	Landolt C
Patti Pics	"Sailboat" or Kindergarten Chart
Snellen*	Wright figures <sup>©</sup>
N/A	"House, Apple, Umbrella" or Lighthouse symbols

<sup>\*</sup>Indicated in children seven years and older



# **Acceptable Optotypes**





#### **Occluders**

Adhesive Eye Patch	2-in Hypoallergenic	Occluder	Paddle	Mask
	Surgical Tape	Glasses	Occluder	Occluder
Coverlet: Fyr Occlusor Parche Ocular  2 in. x 3 in. x: Symptot underlangtoner 7.6 cm x 5 cm and cm to the control of the contr				



#### **Procedure**

 10 feet distance – from chart to middle of student's foot, at eye level



- Screen with glasses if student wears for viewing
- Monocular one eye
- Occlusion must use occluders
  - ✓ No hand, cup, paper/tissue
- Read critical line (5yo- threshold)





#### **Definitions**

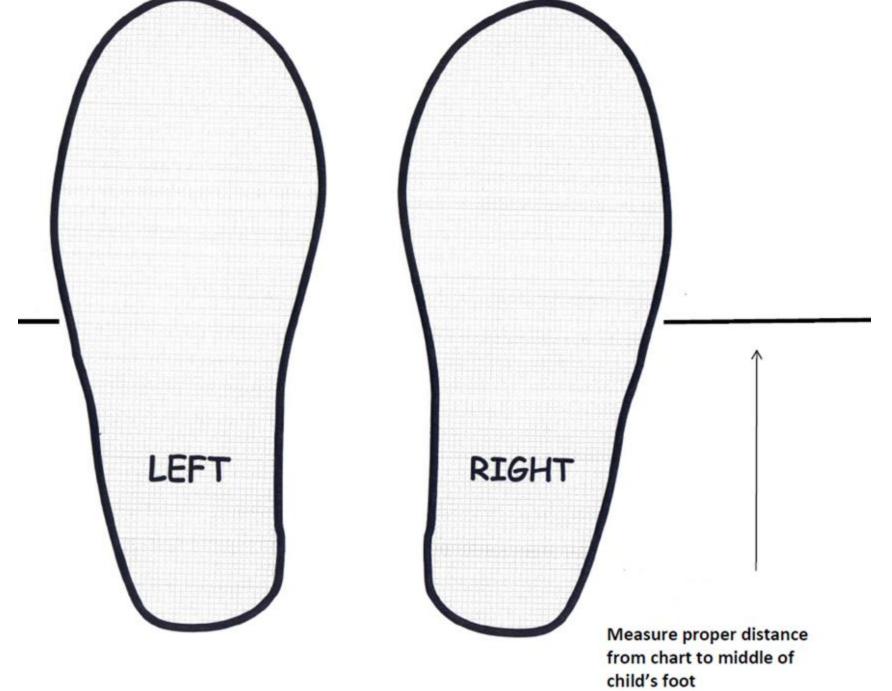
<u>Critical Line Screening</u> – visual acuity screening where identify 3/5 optotypes on age specific line

- √ 4 years 20/40
- √ 6+ years 20/32

Threshold Screening – visual acuity screening, start at top of chart, read down chart to lowest line can identify 3/5 optotypes

 $\checkmark$  5 years -20/32







#### Pass Criteria – Distance

- Must identify 3/5 optotypes on a line
  - ✓ TK-4 years 20/40, critical line
  - ✓ TK/K 5 years 20/32, threshold
  - √ 1st & up 6 years+ 20/32, critical line
- Documentation for vision screening at critical line
  - ✓ Distance Right Pass (P) / Fail (F)Left Pass (P) / Fail (F)
- Documentation for vision threshold
  - √ Visual acuity line passed 20/32 or ?



#### **Developmentally Appropriate Referral Criteria\***

Group	Threshold Screening Referral Criteria	Critical Line Screening Referral Criteria (Refer if miss 3 or more optotypes on line)		
Preschool (3 y/o)	20/60 or worse in either eye	Distance 20/50 line		
Preschool / TK (4 y/o)	20/50 or worse in either eye	Distance 20/40 line		
TK / Kindergarten (5 y/o)	20/40 or worse in either eye	Recommend threshold or photoscreen		
1 <sup>st</sup> Grade and up	20/40 or worse in either eye	Distance 20/32 line		
All age groups	≥ Two-line difference between eyes (e.g., 20/20, 20/32).  Students who cannot be screened are considered an automatic fail and should be referred for a comprehensive eye exam.	Near 20/32 line  Students who cannot be screened are considered an automatic fail and should be referred for a comprehensive eye exam.		



#### **Retest Criteria**

If initial screening not done by school nurse, physician or optometrist:

- School Nurse to retest
- Refer if fail 2nd vision screening



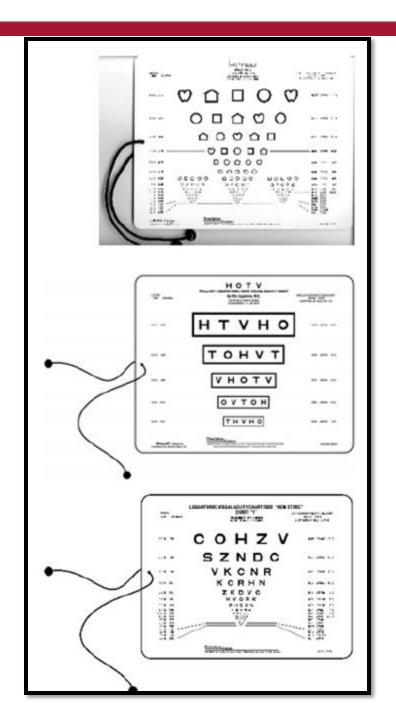
#### **Near Visual Acuity**

- Grades TK/K, 2, 5, 8
- New students upon first enrollment in a CA school
- Special Education
  - Initial evaluation
  - Every 3 years thereafter



#### Equipment

- Near vision card/chart
  - √ 16 inches
  - ✓ Sloan Letters, LEA Symbols





#### **Procedure**

- Hold cord to temple 16 inches
  - ✓ Hold taut
- Screen with glasses if student wears for viewing
- Binocular both eyes together
- Read critical line 20/32



#### Pass Criteria – Near

- Must identify 3/5 optotypes on 20/32 critical line
- Documentation for vision screening at critical line
  - ✓ Near Both eyes Pass (P) / Fail (F)



#### Color Vision Deficiency Screening

- 1st grade male students
- Conduct once



# Equipment

- Color vision charts
  - Use soft paint brush or cotton tipped applicator to trace path

Color Check Complete Vision Screener	Ishihara Color Deficiency Plates	Color Dx Pediatric	HRR Pseudoisochromatic Plates	
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#### **Procedure**



- Follow manufacturer's instructions for screening
- Demonstrate practice plate
- Student practice with remaining practice plates
- May use soft paint brush or cotton swab to trace shapes



#### Pass Criteria - Color Vision

- If student does not pass color vision deficiency screening
  - ✓ No referral needed
  - ✓ Inform parents
  - ✓ Inform teachers & counselors may adjust educational materials that require color discrimination
- Documentation for Color Vision Screening
  - ✓ Color Vision Pass (P) / Fail (F)



#### Instrument Based Screening

#### Useful in students who are:

- Younger (e.g., preschool) or pre-literate
- Have special needs or developmentally delayed
- Unable to be screened with traditional optotype-based visual acuity screening



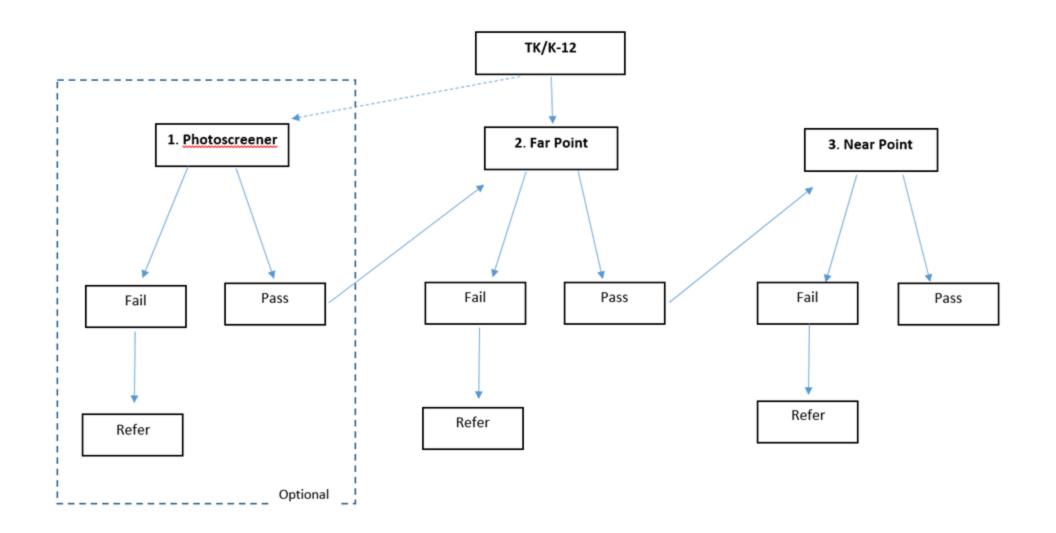
### **Photoscreening**

- May use if MOU with optometrist or ophthalmologist
- Must be properly trained
- Preferred for younger children, students w/ special needs or developmental delays
- Can be used for TK/K-12, but does not replace visual acuity screening



#### **Vision Screening Flow Chart**

#### With Photoscreener





# Functional Vision Screening for Students with Special Needs

- Functional Vision Screening may be considered for students unable to test
- As a minimum, this includes:
  - ✓ Review of medical record
  - ✓ Consultation with parent and teacher
  - ✓ Classroom observation



#### Criteria – Functional Vision

- Referral for comprehensive eye exam appropriate due to high prevalence of vision disorders in students with special needs
- Re-screening within six months or referral for comprehensive eye exam
- If no impact on classroom participation referral may not be needed



#### **Optional Tests**

- Near Point of Convergence
- Stereopsis (depth perception)



#### Waiver

- Parent may request to waive vision screening
- Options:
  - ✓ Parent may present certificate from physician or optometrist as evidence of vision screening (visual acuity, color vision)
  - ✓ Parent files written statement will not consent to physical examination of child









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