

Illinois Functional Vision Screening Tool (0-3 yrs)

Child's Name: _____ Birth Date: _____

Age: _____ Sex: circle or underline one M / F

Parent/Guardian: _____ Phone: _____

Address: _____

Date of Screening: _____

Purpose: This Vision Screening Tool is a screening document intended to assist the screener in determining when it might be appropriate to refer a child (0-3 yrs. old) for vision testing. It is not an assessment nor diagnostic tool for vision issues.

Note: Free trainings are offered throughout the state of Illinois through the Illinois School for the Visually Impaired (ISVI) Outreach on this 3-part Illinois Functional Vision Screening Tool.

Results Summary

1. Step 1: Family/Birth History Choose Pass or Refer
2. Step 2: Initial Observations Choose Pass or Refer
3. Step 3: Vision Developmental Checklist Choose Pass/Refer or Monitor/rescreen

Comments including reason for referral or description of concerns:

Results/Action

PASSED _____ Having used this Tool there are no significant indicators for vision concerns at this time. Rescreen as recommended by your agency OR every 6 months. Next rescreening date. _____

MONITOR _____ There was one (1) 'no' response in Step 3: Developmental Checklist section. It is recommended that this child be rescreened in 3 months.

REFER _____ Based on the findings of this screening, it is recommended that this child be referred for a medical vision evaluation.

Child was referred to _____ **Date:** _____

Step 1: Family/Birth History

One or more 'yes' in this section is reason for referral.

Use the comment section for a brief explanation.

Please circle or underline Y or N for your response after each question.

1. Do the parents or caregivers have concerns regarding vision? Y/N
2. Does anyone in the family have a severe vision loss or eye disease that diagnosed before the age of 18? (e.g., albinism, amblyopia, cataracts, strabismus, retinoblastoma, etc.) Y/N
3. Did the child's mother have any serious infections or diseases during pregnancy? (e.g., rubella, cytomegalovirus, toxoplasmosis, syphilis, herpes, etc.) Y/N
4. Was the child born prematurely? Y/N
5. Were there any post-natal infections? (e.g., meningitis, encephalitis hydrocephalus, prolonged fever, convulsions, etc.) Y/N
6. Was there any kind of head trauma at birth or shortly thereafter? Y/N
7. Has any syndrome been identified? Y/N
8. Has cerebral palsy been identified? Y/N

Comments:

Step 2: Initial Observations

A 'Yes' to any of the following statement indicates that follow up is needed.

Appearance

Please circle or underline Y or N for your response after each statement.

1. Eyes are crossed, turn in or out, or move independently of one another...all the time, part of the time or when the child is tired. Y/N
2. Eye lids droop to cover pupils. Y/N
3. Eyes shake or move constantly. Y/N
4. Pupils of markedly different sizes (more than several millimeters difference.) Y/N
5. One or both of the child's pupils are unusually shaped. Y/N
6. One or both of the child's pupils look white or cloudy, red or violet. Y/N
7. Iris is pink or violet. Y/N
8. Misshaped eye orbits. Y/N

Function

1. Prefers one eye over the other---may tilt head. Y/N
2. Holds objects unusually close (or moves very close to an object) or holds things far away when looking at them. Y/N
3. Frequently trips or runs into things. Y/N
4. Avoids looking at people or objects. Y/N
5. Cries or otherwise indicates pain in bright light situations such as sunlight. Y/N

Comments:

Step 3: Visual Developmental Sequence Checklist

If there are 2 or more 'no' responses in the child's age range, mark 'refer' on the front page under Results Summary. If there is 1 'no' response in the child's age range, mark the front page, monitor the child and repeat the checklist in 3 months.

Please circle or underline Y or N for your response after each statement for each age group.

Birth to one month

1. Looks at parent's or caregiver's face, even momentarily Y/N
2. Stares at lights, windows & bright walls Y/N
3. Pupil gets smaller when light is shone in either eye, both pupils get equally larger when lights are turned down Y/N
4. Looks briefly at objects placed in field of vision--may momentarily stop activity such as sucking or moving Y/N
5. Seems to focus best on objects 10 inches from face or further Y/N
6. Follows or tracks a slowly moving object horizontally with eye Y/N

One to three months

1. Fixates on object within field of vision Y/N
2. Eye contact increases Y/N
3. Looks at high contrast patterns Y/N
4. Focuses on objects from 5 inches to as close as 3 inches Y/N
5. Visually inspects hands and nearby surroundings Y/N
6. Will turn toward an object brought in from the side Y/N

NOTE: At this young age, eye movements are poorly coordinated, and eyes may not always appear straight or work together all the time.

Three to five months

1. Looks at objects in hands momentarily Y/N
2. Most objects within reach are looked at and reached for Y/N
3. Visually attends to objects at distances from 5 - 20 inches Y/N
4. Follows or tracks an object vertically or a fast-moving object Y/N
5. Bats at objects that are suspended above him/her Y/N
6. Looks at toys Y/N

Five to seven months

1. Watches people at least 6 feet away Y/N
2. Tries to reach out and grasp toys or objects Y/N
3. Reacts differently to different faces or people Y/N
4. Binocular eye movements are well developed (NOTE: Deviations should be followed medically) Y/N
5. Looks in a mirror and may smile, pat, or kiss image Y/N
6. Responds to a variety of facial expressions Y/N
7. Laughs at peek-a-boo games Y/N

Seven to twelve months

1. Looks for toys that have been dropped Y/N
2. Interested in pictures or picture books Y/N
3. Tries to pick up a small object (e.g., raisin, Cheerio, lint) Y/N
4. Moves, by any means, towards an object at least 5' away Y/N
5. Tracks objects with eyes rather than just head Y/N
6. Fixates on facial expression and imitates Y/N
7. Reaches for small objects such as pieces of cereal Y/N

Twelve to eighteen months

1. Reaches into a container and tries to pull out an object Y/N
2. Identifies likenesses and differences Y/N
3. Makes linear marks on paper Y/N
4. Looks toward indicated objects when requested Y/N
5. Looks at picture books and turns pages Y/N

Eighteen months to three years

1. Names or points to self in photograph Y/N
2. Imitates simple actions Y/N
3. Matches pictures to objects and pictures to pictures Y/N
4. Matches colors Y/N
5. Identifies body parts on dolls or picture Y/N
6. Differentiates, discriminates and identifies familiar objects Y/N

Comments:

Resources used in development of this Functional Vision Screening Tool include:

A Guide to Vision Health for Your Newborn, Infant and Toddler. Prevent Blindness, 2019,

https://www.preventblindness.org/sites/default/files/national/documents/2019_PB95_Newborn.pdf

Http://Www.illinoiseitraining.org/OneNetLibrary/1/Documents/Resources/Hearing-Vision/service_guidelines_vision-Nov2005.Pdf.

“Infant Vision: Birth to 24 Months of Age.” *American Optometric Association*, 2020,

www.aoa.org/patients-and-public/good-vision-throughout-life/childrens-vision/infant-vision-birth-to-24-months-of-age#1.

Lueck, Amanda Hall. *Developmental Guidelines for Infants with Visual Impairment: A Guidebook for Early Intervention*. American Printing House for the Blind, 2008.

Preliminary Vision Screening, Texas School for the Blind, www.tsbvi.edu/curriculum-a-publications/1059-preliminary-vision-screening.

“Stanford Children's Health.” *Stanford Children's Health - Lucile Packard Children's Hospital Stanford*, 2020, www.stanfordchildrens.org/en/topic/default?id=age-appropriate-vision-milestones-90-P02305.

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