

# General Health Appraisal Vision Screening

## **Regulations:**

OAR 581-022-2220 Health Services (excerpted)

(1) The school district shall maintain a prevention-oriented health services program for all students that provide:

(f) Vision and hearing screening

## **Overview:**

Vision is a vital function, and impairments may affect students' development, learning, communicating, health, safety, and quality of life. Visual impairments occur in children under 18 years at the rate of 12.2 per 1,000 students (1).

## **Background/Rationale:**

Visual impairments can occur at any age, and their effects can be subtle. Without visual screening programs, vision needs may go undetected in children and consequently potentially impede learning, athletic performance, self-esteem, and safety. The Individuals with Disabilities Education Act (IDEA) requires states to identify children from 3 to 21 years of age with disabilities, including vision impairments. Vision screenings promote identification of visual deficiencies in order to provide early intervention to prevent or minimize effects on educational progress. Consequently, schools afford an ideal environment for screening programs.

## **Guidance:**

### **Roles and Responsibilities-**

Reference the "Guidance" section of the "General Health Appraisal" chapter for commentary about the inclusion of the constituent domains of the coordinated school health program. It is important to provide appropriate health education for students and families about routine eye examination and associated health maintenance, eye safety, the visual screening process, and referral criteria. Likewise, it is important to involve pertinent community providers to assist in defining the screening population when resources do not allow all at-risk students to be routinely screened and to help in identifying resources for students needing medical referral. Ideally, vision screening of preschool and school age children should be done annually.

### **Procedures-**

1. Depending upon resources, screen starting with these guidelines:
  - Preschool (ages 3-5); kindergarten; and grades 1, 2, or 3; 4 or 5; 7 or 8; and 10 or 11.
  - First entry into school.
  - Driver education students.
  - Upon entrance into special education.
  - Grade retention.
  - Parent or teacher referrals.
  - School-age children who already receive regular vision management need not participate in a vision screening program.
2. Vision screening programs should be conducted under the direction of the school nurse. The supervising professional has the responsibility for training and monitoring screening activities. School staff and parent volunteers can be trained to provide screening.

3. Distance central visual acuity testing using the Snellen chart is the preferable measurement. (The Lazy E chart is recommended for grades 2 and younger and the alphabet chart for grades 3 and older unless the student has a language or developmental barrier.) Visual acuity testing machines (as Titmus and Keystone) are unnecessary and tend to cause over-referral. Near visual acuity, testing is less accurate than distance visual testing.
  - Color vision screening is ideally done in kindergarten and prior to high school to provide information regarding related learning and vocational issues.
4. It is advisable to inform parents or guardians of vision screenings. Communication mechanisms include a parent notice in a school publication, hand-carried notes to parents, or as part of the student handbook.
5. Students should be informed of rationale and process to afford informed assent. Students shall not be screened against their will.
6. The school must provide adequate time, student supervision, and environmental space to ensure appropriate assessment and individual privacy.
  - Sufficient lighting and a quiet space are important to successful results.
7. Students having results deviant from the norm in the first screening must be referred to the school nurse for a re-screen in the same session or at a later time within one month. When the student fails after re-instruction and re-screening, s/he must be referred to an appropriate health care provider for evaluation. (See Vision Screening Appendix IV, "Flow Chart Recommended Procedures for Identification and Referral," for process and referral guidelines.)
8. For students identified as visually disabled, the school nurse should work with the classroom teacher(s) to implement necessary adjustments (such as seating location) to maximize learning.
9. Results of all screenings and testing should be shared with parents or guardians. It is the responsibility of the parent or guardian to secure and fund the visual evaluation.
  - Schools may provide information to families about available resources.
10. Documentation should reflect screening results and parent or student declines.
11. Documentation should be filed according to guidelines in the section "Health Information and School Records."

**Staff Development Needed-**

- Establish policies and procedures about screenings to be offered.
- Provide training for staff about symptoms suggestive of visual problems and actions to take for referral to the school's nurse and parent.

**Resources:**

American Academy of Pediatrics [www.aap.org](http://www.aap.org)

American Federation of Family Practitioners [www.aafp.org](http://www.aafp.org)

American Foundation for the Blind [www.afb.org](http://www.afb.org)

American School Health Association [www.ashaweb.org](http://www.ashaweb.org)

Association of Maternal and Child Health Programs Centers for Disease Control and Prevention (CDC), Division of Adolescent and School Health [www.cdc.gov/nccdphp/dash](http://www.cdc.gov/nccdphp/dash)

National Association of School Nurses [www.nasn.org](http://www.nasn.org)

National Eye Institute [www.nei.nih.gov](http://www.nei.nih.gov)

**General Health Appraisal -Vision Screening  
Appendix I  
Template for Parent Information Letter**

Vision screening for all 8th grade students will be held on (insert date)

You will be notified of the results of the screening by mail if your child needs further assessment by a specialist. Otherwise, your child will hand carry his/her report home. Expect results within 2-3 weeks after the screening.

Only \_\_\_ graders will be screened on that day. However, should you have concerns regarding your child's vision please feel free to call me. I would be happy to screen your child at any time upon request.

(Signature). School Nurse  
(Phone Number) (Email Address)

**General Health Appraisal -Vision Screening  
Appendix II  
Template for Volunteer Help**

For Volunteer Help:  
Things to Do When Testing Eyes

1. Ask student, "Do you wear glasses or contacts?" Then ask student, "When did the eye doctor tell you to wear your glasses?" If a student says only for reading, refer this student to the RN. Otherwise, make sure that glasses/contacts are worn during vision screening. Refer any student not having their glasses/contacts at school to the RN after recording their test results.
2. Have students stand with their heels on taped line on floor 20 feet from chart, or 10 feet away when using chart calibrated for 10 feet.
3. As screening always starts on right eye, cover left eye first. When right eye is complete, move to left eye.
4. Encourage student not to push on eyeball when covering eyes, as this causes blurry vision.
5. Start screening at 20/20 line. (Do not screen below 20/20 line.) Pass = reading 3 out of 4 symbols per line and missing no more than 2 symbols in lines having 5 to 8 symbols. If student is unable to pass a line, proceed upward on chart as needed until student meets pass criteria.

Guide for Alphabet Chart	
E.....	200
FP... ..	100
TOZ.....	70
LPED... ..	50
PECFD.....	40
EDFCZP.....	30
FELOPZD.....	25
DEFPOTEC.....	20

6. Observe student for squinting, tearing, tilting of head, incorrect responses, and write such responses on backside of card used as "eye patch." Send student to RN.
7. Write results on list as directed for results of 20/20 and 20/30. All other results are to be written on backside of card used as "eye patch." Send all students with results other than 20/20 and 20/30 to RN.

Thank you, all, for volunteering time and

**General Health Appraisal -Vision Screening  
Appendix III  
Letter to Parents on Vision Screening Results**

**To Parent/Guardian of:**

(Student Name) \_\_\_\_\_ Grade: had a vision screening on (date) \_\_\_\_\_ at \_\_\_\_\_ school.

**Vision screening results:**

\_\_\_\_\_ The screening was done \_\_\_\_\_ with \_\_\_\_\_ without glasses or contacts.

\_\_\_\_\_ The screening results were 20/ \_\_\_\_\_ for the right eye and 20/ \_\_\_\_\_ for the left eye.

\_\_\_\_\_ The results are within normal limits. You may disregard the rest of this form.

\_\_\_\_\_ The results vary slightly from normal limits. You may want to consult with your doctor to see if further testing is recommended.

\_\_\_\_\_ The results are not within normal limits. Consultation with an eye specialist is recommended. To plan for your student's educational experience, please ask the doctor to complete the Physician's Findings (at the bottom of this page) and send it to School Health Services at the mailing address above.

\_\_\_\_\_ Your student says s/he has glasses/contacts, but did not have them today. The vision screening results are not within normal limits. If you would like to have your student's vision re-screened with the glasses/contacts, call the school nurse.

\_\_\_\_\_ Your student says his/her glasses have been lost or broken. The screening results are not within normal limits. If you would like help in getting the glasses replaced or repaired, call the nurse at school.

\_\_\_\_\_ The screening results compare with the history you have shared about your child's health condition.

\_\_\_\_\_ We were unable to measure your child's vision. If you have concerns about your child's vision, you may want to contact your health care provider. If you wish your child to be re-tested at school, please call the school nurse to schedule a time when you can be present with your child for the testing.

**Physician's Findings**

Date of Exam \_\_\_\_\_ Finding \_\_\_\_\_

Were glasses/contacts prescribed? Yes \_\_\_\_\_ No \_\_\_\_\_ (If No, go to #5.)

Corrective lenses should be worn: \_\_\_\_\_ At all times. \_\_\_\_\_ For reading/close work only.

What is the best visual acuity this student can obtain with the corrective lenses?

\_\_\_\_\_ Right \_\_\_\_\_ Left

When should this student be re-examined? \_\_\_\_\_

Are there any special instructions? \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

**General Health Appraisal -Vision Screening  
Appendix IV  
Flow Chart  
Recommended Procedures for Identification and Referral**

