Child's Name_____BirthDate_____Age____Sex: M / F

Parent/Guardian_____Phone No._____

Address_____Date_____

Illinois Functional Vision Screening Tool

(for use by families, DT's, DTV's and Service Coordinators)

This screening tool can be used as part of the global evaluation process if screening results are not already available from another source. Vision and hearing screening are both reported on the Individual Family Services Plan under the domain of physical development.

Note: Free trainings are offered around the state through Hearing and Vision Connections (HVC) on the use of this three-part Illinois Functional Vision Screening tool. Those intending to use the tool are encouraged to complete the training. Steps one and two can be used without step three. Step three should only be administered by an individual who has attended the HVC training on the Illinois Functional Screening tool. View and download the screening tool on the HVC website at http://morgan.k12.il.us/isd/hvc

Results Summary:

Step 1 Initial Observations	Pass	Refer
Step 2 Developmental Milestones	Pass	Refer
Step 3 Functional Screening Items		
Pupillary Response/Appearance	Pass	Refer
Visual Field Test	Pass	Refer
Tracking	Pass	Refer
Corneal Light Reflex	Pass	Refer

Comments including reason for referral or description of concerns:

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STEP 1 Initial Observations

A "Yes" to any of the following statements indicates that follow up action is needed.

Appearance

Yes	No	Description	Follow Up Action Needed
		Eyes are crossed, turn in or out, or move independently of one another…all of the time, part of the time or when the child is tired.	DSCC
		Eyes are frequently red, watery, or crusted.	Primary Care Physician
		Eye lids droop to cover pupils.	DSCC
		Eyes shake or move constantly.	DSCC
		Pupils of markedly different sizes. (more than several millimeters difference.)	DSCC
		One or both of the child's pupils are unusually shaped.	Primary Care Physician
		One or both of the child's pupils look white or cloudy.	DSCC
		Pupils that are red or violet.	Primary Care Physician

Function

Yes	No	Description	Follow Up Action Needed
		Prefers one eye over the other.	DSCC
		Tilts or turns head to use one eye.	DSCC
		Holds objects unusually close or far when looking at them.	EI Auth
		Frequently trips or runs into things.	EI Auth
		Stands unusually close to the television.	EI Auth
		Avoiding visual concentration.	EI Auth
		Cries or otherwise indicates pain in bright-light situations such as sunlight.	EI Auth

Comments:

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Step 2 Infant/Toddler Visual Developmental Sequence Checklist

A child who does not appear to be using visual skills at or above age level should receive an EI Authorization for an optometric examination unless otherwise noted within this checklist.

Developmental Age	Visual Skills
Birth to one month	❑ Stares at lights, windows & bright walls ❑ Blinks when light is too bright ❑ Pupil gets smaller when light is shone in either eye, both pupils get equally larger when lights are turned down. ❑ Looks at faces briefly ❑ Looks briefly at objects placed in field of vision. May momentarily stop activity such as sucking or moving. ❑ Eyes turn the opposite direction that head turns or tilts. This reflex is inhibited after the first few weeks as child's fixation increases. ❑ Seems to focus best on objects 10 inches from face or further. ❑ Follows or tracks a slowly moving object horizontally with eyes
One to three month	❑ Fixates on object within field of vision ❑ Eye contact increases ❑ Smiles in response to looking into face of a person who is talking or smiling ❑ May smile at a picture or drawing of a face ❑ Looks at high contrast patterns ❑ Focuses on objects from 5 inches to as close as 3 inches ❑ Visually inspects hands and nearby surroundings ❑ Shows visual preference for people or objects ❑ Will turn to an object brought in from the side ❑ Can tilt head to look at objects above and below 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	❑ Looks at objects in hands momentarily ❑ Most objects within reach are looked at and reached for ❑ Visually attends to objects at distances from 5 - 20 inches ❑ Follows or tracks an object vertically or a fast moving object ❑ Moves head or eyes to sound ❑ Looks for toys that go out of sight ❑ Fixates on objects at 3 feet ❑ Looks at small objects and details ❑ Accurately reaches for objects

Five to seven months	❑ Binocular eye movements are well developed **NOTE:** Deviations should be followed medically. Refer to DSCC. ❑ Prefers to look at more complex and real pictures ❑ Looks in a mirror and may smile, pat, or kiss image ❑ Visually discriminates strangers ❑ Responds to a variety of facial expressions ❑ Laughs at peek-a-boo games
Seven to twelve months	❑ Tilts head to look up ❑ Tracks objects with eyes rather than just head ❑ Fixates on facial expression and imitates ❑ Reaches for small objects such as pieces of cereal ❑ Recognizes some pictures
Twelve to eighteen months	❑ Identifies likenesses and differences ❑ Makes linear marks on paper ❑ Looks toward indicated objects when requested ❑ Looks at picture books and turns pages
Eighteen months to three years	❑ Looks behind the mirror when looking at own reflection ❑ Differentiates, discriminates and identifies familiar objects ❑ Imitates simple actions ❑ Imitates vertical, horizontal, and circular marks ❑ Matches pictures to objects and pictures to pictures ❑ Matches colors ❑ Matches circle, square, and triangle ❑ Identifies body parts on dolls or picture ❑ Names or points to self in photograph

Comments:

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STEP 3 Functional Vision Screening Items

This step should only be conducted with children 12 months and older. This step should only be administered by an individual who has attended the HVC training on the Illinois Functional Vision Screening tool.

Tracking

When completing the tracking test on children 12 months or older, position the object or light about 12" from the child's eyes. Move object to get the child's attention and let him look at it for 2-3 seconds. Slowly move object in an arc to the far left then to the far right for horizontal tracking. Then slowly move the object in an arc up to several inches above the child's head and then down to several inches below his chin.

Record Results

Horizontal	Smooth	Jerky	Not Present
Vertical	Smooth	Jerky	Not Present

Pass = smooth tracking
Refer = tracking is jerky or not present
Referral Action = Children with questionable results should be referred to their primary care physician for referral to an ophthalmologist. Do not refer to DSCC based on this section alone.

Comments_____

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Pupillary Appearance/Response

Pupils should be round, black and equal in size. They should change size, by getting smaller with light and larger in a darkened room. Seizure medications, neurological problems, & other medications can inhibit this response. **Both eyes should react equally to changes in light.**

Record Results

Right Eye: Response to light: Absent Sluggish Quick
Round, black and equal in size to left eye? YES or NO

Left Eye: Response to light: Absent Sluggish Quick
Round, black and equal in size to right eye? YES or NO

Pass = Both pupils respond quickly and are round, black and equal in size
Refer = Absent or sluggish response in either eye OR either pupil is not round, black or equal in size.
Referral Action = Children with questionable results should be referred to their primary care physician for referral to an ophthalmologist. Do not refer to DSCC based on this section alone.

Comments_____

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Visual Field Test

With the child attending to a target such as a toy or the television, attempt to distract his attention by bring a shiny moving object into his peripheral field. Slowly bring the object from behind the child and toward his central vision. The child should shift gaze before the object reaches his central vision.

Record Results

Upper Left	Yes	No	Upper Right	Yes	No
Middle Left	Yes	No	Middle Right	Yes	No
Lower Left	Yes	No	Lower Right	Yes	No

Pass = child shifts gaze to at least 4 points
Refer = child does not shift gaze to at least 4 points
Referral Action = Children with questionable results should be referred to their primary care physician for referral to an ophthalmologist. Do not refer to DSCC based on this section alone.

Comments_____

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Hirschberg Corneal Light Reflex

Hold a penlight 8"-10" away from the child's face directly in front of the eyes. Direct the light from the penlight in between the eyebrows. The child needs to fixate either on the penlight or on an object held near the light. Observe the reflection of the penlight in the pupils of both eyes. The reflection should be equally centered and slightly toward the nose. Sensitivity to light, rapid eye movement and poor fixation observed during this test are also reasons for referral.

Record Results

_____ Centered in BOTH eyes
_____ Equally centered SLIGHTLY nasal in BOTH eyes
_____ Not centered in one or both eyes

Pass = centered in both eyes or slightly nasal
Refer = not centered in one or both eyes
Referral Action = Children with questionable results should be referred to DSCC for a diagnostic evaluation by an ophthalmologist.

Comments_____

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